Direct patient provider primary care practices

Annual report to the Legislature

Dec. 1, 2010

Washington State
Office of the
Insurance Commissioner

Mike Kreidler - Insurance Commissioner

www.insurance.wa.gov

Executive Summary

In 2007, the Washington state Legislature enacted Engrossed Second Substitute House Bill 5958, now codified as RCW 48.150 — creating innovative primary health care delivery.

The legislation requires Washington's 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 fee for all primary care services provided in their office, regardless of the number of visits. Patients pay a monthly fee. No insurance plan is involved, although patients may have insurance coverage for more costly medical services. Direct practices are sometimes called "retainer" or "concierge" practices.

The 2010 annual report on direct patient-provider primary care practices analyzes four years of annual statements (2007 through 2010).

Participation trends:

- As of 2010, there were approximately 8,980 patients — less than 2 percent of the state's total patient population — enrolled in a direct practice.
- Overall patient participation increased by 11 percent, or 887 new patients, from a total 8,093 in 2009 to 8,980 in 2010.
- New practices enrollment accounted for 650 of those new patients, leaving only 237 new patients spread out over the existing practices.
- The number of practices increased by 5 from 11 to 16. Two practices started business in the later part of 2009 after the survey was completed, and three started business in 2010.
- Three practices have multiple offices.
- The number of providers increased from 21.5 to 47.
- Most of the growth is at practices charging fees averaging $85 to $135 a month. Four of the new practices offer monthly fees of less than $65.
- Practices are located in only six counties: King (9), Snohomish (3), Thurston (2), and 1 each in Yakima, Clark and Island counties.

Complaints received: The insurance commissioner's consumer hotline did not receive any complaints regarding direct patient practices.

Voluntary data reported by direct practices: In anticipation of the study required by the new law in 2012, the insurance commissioner asked the practices

1 RCW 48.150.100 (3)

to voluntarily submit additional data (see appendix A). While all of the registered practices responded to the mandatory questions, fewer than half of the direct practices chose to report voluntary information. Some reported that they did not collect this information. Others did not respond to any of the voluntary questions.

Necessary modification to chapter: The commissioner has two recommendations for the Legislature to consider:

1. Continue to monitor practices using annual statements and consumer complaints.
2. Strike the study requirement found in RCW 48.150.120.

Background

In 2007, the Washington state Legislature enacted a law to encourage innovative arrangements between patients and providers and to promote access to medical care for all citizens. Engrossed Substitute House 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 permits direct practices to operate without having to meet the same responsibilities of insurers, health carriers, health care service contractors, or health maintenance organizations, such as financial solvency, capital maintenance, market conduct, reserving, and filing requirements.

Additional public policy goals were expressed in the intent section of the law, including:

- Creating an innovative and affordable option for patients
- Improving access to primary medical services
- And reducing emergency room use for primary care purposes.[4]

The law specifically states that direct practices operated under the safe harbor created by Chapter 48.150 RCW are not insurers, health carriers, health care service contractors or health maintenance organizations as defined in Title 48 RCW.[5] As a result, the commissioner has extremely limited regulatory authority over these

2 RCW 48.150.005

3 RCW 48.44.010(3)

4 RCW 48.150.005

5 RCW 48.150.060

practices. For example, they are neither subject to financial solvency or market conduct oversight, nor do they have to comply with the patient's bill of rights.

The only explicit regulatory role given to the commissioner is the collection and reporting of certain information. Specifically, the commissioner is required to file annual reports to the Legislature on the information submitted in annual statements and to conduct a study of direct practices by December 1, 2012.

Annual Reports

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

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

The Legislature did not give the commissioner rule-making authority, but permitted him to instruct the practices on how to submit the statement, in what form and with what content. The first annual statements were received in October 2007.

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

2012 Study

In addition to the annual reports, the commissioner is required to submit a study to the Legislature by December 1, 2012 providing an analysis of whether direct patient practices:

- Improve or reduce access to primary health care services by recipients of Medicare and Medicaid, individuals with private health insurance, and the uninsured.
- Provide adequate protection for consumers from practice bankruptcy, practice decisions to drop participants, or health conditions not covered by direct practices.
- Increase premium costs for individuals who have coverage through traditional health insurance.

- Have an impact on a health carrier's ability to meet network adequacy standards set by the commissioner or state health purchasing agencies.
- Cover a population that is different from individuals covered through traditional health insurance[6].

Direct Practices in Washington: A Definition

Direct patient-provider primary care practices (direct practices) also are sometimes called retainer medicine or concierge medicine. Washington's legislative definition states that a direct patient-primary physician primary care 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 patient 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[7].

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

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

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

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

Comprehensive health care coverage – Direct practices are not "comprehensive coverage." Services covered under direct practice agreements must not include services or supplies such as prescription drugs, hospitalization, major surgery, dialysis, high-level radiology, rehabilitation services, procedures requiring general

6 RCW 48.150.120

7 RCW 48.150.010 (7)

anesthesia, or similar advanced procedures, services, or supplies.[8] 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."[9]

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

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

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

2010 annual report

What the data shows

Direct practices began filing annual statements in October 2007. On July 1, 2010, the insurance commissioner sent a data call survey to all direct practices reporting annually since enactment of the bill. The survey was designed to collect not only the mandatory information required in the annual statements, but also voluntary data necessary to conduct the analysis required for the 2012 study. (See appendix B)

Table 1. Summary of Required Data Reported by Annual Statements

	Practice Name Location	Provider type	# of patients 2007	# of patients 2008	# of patients 2009	# of patients 2010	Average monthly fee
1	Anchor Medical Clinic Mukilteo	1 MD	192	207	208	218	$89
2	Bellevue Med. Partners Bellevue	2 MD	260	350	292	320	$200

8 RCW 48.150.010 (d)

9 RCW 48.150.110 (1).

3	Charis Family Clinic Edmonds	1 ARNP				7	$49
4	CARE Medical Associates Bellevue	1 D.O.	266	252	252	261	$108
5	DirectCareMD- Olympia	1 MD 2 ARNP	25	19	35	33	$50
6	Guardian Family Care, Mill Creek	2 MD	286	300	225	300	$80
7	Hendler Family practice Bainbridge Island	1MD				85	$175
8	King County #4 Snoqualmie Clinics Fall City, North Bend, Snoqualmie Ridge	3 MD 1 DNP 2 ARNP 1 PA-C			24	156	$30
9	MD2 Bellevue MD2 Seattle	2 MD 2 MD	224 211	223 213	224 205	224 207	$850 $846
10	New West Medical Care Vancouver, WA	1 MD 1 DO				22	$65
11	Qliance Medical Group Seattle, Kent, Mercer Island	9 MD 3ARNP	131	1624	2,292	3354	$80
12	Seattle Medical Associates[1] Seattle	3 MD	2732	2686	2700	2722	$89
13	Swedish Community Health Seattle	3 MD 1ARNP				345	$45

14	Swedish Premier Health Seattle	2 MD				191	$208
15	Yakima Valley Farm Workers Clinic, Yakima	New practice as of June 2010 for Mexican Worker Health Program $32					
16	Vantage Physicians Olympia	2 MD	381	393	392	535	$95
TOTALS		47	4708	6258	8093[2]	8980	

The practices deliver care through 36 primary care physicians and 11 physician assistants. In 2010, 361 reported enrollees were children. Practices did not report the number of enrolled children until 2009.

Note: Information received from On Stage Health, a 2010 start-up, is not included because its annual statement report was received after the deadline for compiling the information for this report. A second practice, the Yakima Valley Farm Workers' clinic, was just starting operations in June.

Where direct practices are located and who participates

Since our initial report to the Legislature in 2009, the following reported data has remained consistent:

- The majority of the direct practices remain concentrated in urban areas along the I-5 corridor, with 90 percent of practices and 95 percent of patients located in Seattle, Bellevue or immediate surrounding areas.
- Most patients remain with the practice for at least a year.
- The majority of direct practices show that the number of patients receiving care has remained stable or that their practice is at capacity and not accepting new patients.
- The monthly fees direct practices charge are relatively the same as in 2009 with minor fluxes of a few dollars more or less, with one exception of a $65 dollar increase per month. In some cases, changes in average fees for 2010 are due largely to changes in the patient population rather than the rates, since many practices charge different fees for children and adults.
- Practices with average rates in the mid-range ($85-$208 per month) are the fastest-growing segment. Seventy five percent of direct practices charge a fee of $135 or less (representing 95 percent of enrollees). Among new practices, those with lower monthly fees experienced the greatest growth during the reporting period.

Noteworthy changes in the data include:

- Direct practices increased by five clinics during late 2009 and 2010, with services expanding into three more counties, including Clark, Yakima and Island counties.
- The Yakima Valley Farm Workers Clinic (YVFWC) opened a Mexican Worker Health Program in June 2010. This program is designed to offer care for non-U.S. citizens working in the Yakima valley.
- Eight of the direct practices are now reporting that they also participate as a network provider in a health carrier's network.
- Eight of the direct practices did not report information about any other type of health coverage the patient had when they signed a direct provider agreement.

Affordability of direct practices

A key assumption underlying the legislation was that direct practices could provide affordable access to primary services. This in turn would reduce pressure on the health care safety net or problems caused by a shortage of primary care physicians.

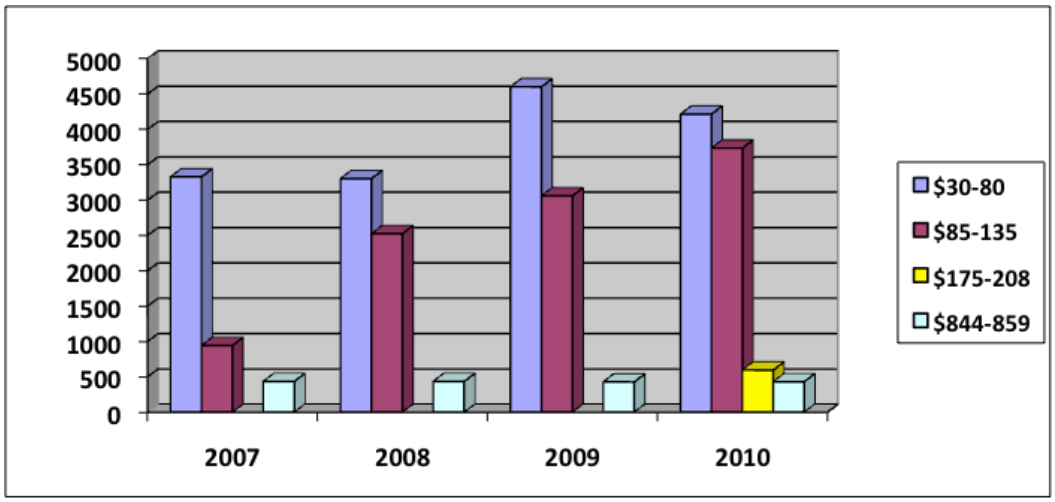

Table 2. Change in practice census over time, based on monthly fee.

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. Fewer direct practices answered this question than in 2009.

Because direct practices are barred by law from billing carriers for primary care services, if enrollees retained private insurance, the assumption made is that these patients are combining high-deductible plans with direct practice primary care. Direct practices themselves often recommend that their patients combine direct practice enrollment with a high-deductible insurance plan.

How direct practices evolved

Washington is the birthplace of this health care delivery approach. The origins of this approach are often traced to the direct practice MD2, which began in Seattle in 1996. In the last 13 years:

- Both the American Medical Association and the American Academy of Family Physicians established ethical and practice guidelines for retainer practices.
- In 2003, the federal establishment of Health Savings Accounts (HSAs) promoted consumer-directed medicine, which includes enrolling in direct practices.
- In 2003, the Society for Innovative Medical Practice Design formed, representing direct practice physicians (its initial name was society the American Society of Concierge Physicians).
- In 2004, the federal Office of the Inspector General for the Department of Health and Human Services warned practices about "double dipping," and began taking enforcement steps against physicians charging Medicare beneficiaries extra fees for already covered services, such as coordination of care with other health care providers, preventive 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[10]. At that time, nationwide there were 112 "concierge physicians" charging annual fees ranging from $60 to $15,000.
- In 2006, Washington's insurance commissioner determined that retainer practices are insurance. West Virginia's commissioner made the same ruling that year.
- In 2007, Washington was the first state to define and regulate direct patient-primary care practices, ensuring that direct practice providers also do not bill insurance companies for services being provided to patients.

Federal Health Reform and Direct Practices

On March 23, 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law. PPACA requires the development of "exchanges," which, beginning in 2014, will help individuals and small businesses purchase health insurance coverage and qualify for subsidies that will only be available for plans sold through the exchanges.

An exchange cannot offer any health plan that is not a qualified health plan[11]. A qualified health plan must meet requirement standards and provide an essential

10 GAO-05-929

11 PPACA, Pub. L. No 111-148,§ 1301(a)(1)

benefit package as described in PPACA[12]. Essential health benefits include at least the following general categories and 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 care.

In addition, as of September 23, 2010, the law requires plans that became effective after March 23, 2010, upon renewal, to eliminate any cost-sharing requirements for preventive care, defined as 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.

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

1. **How will direct practices continue to operate under PPACA?**

   Direct practices are not insurers and authorized to offer only primary care services to their direct practice patients. They are not comprehensive health care. Therefore, under PPACA, they cannot be a qualified health plan eligible for sale through the exchange.

   PPACA does specify that a "qualified health plan" may provide coverage "through a qualified direct primary care medical home plan[13]." Thus, a direct practice may contract with a carrier to provide the primary care services included in the carrier's qualified health plans.

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

   The limited data collected from direct practices providing voluntary information on other health care coverage at the time of enrollment indicates that some consumers are combining high-deductible health plans (HDHP) with a direct practice agreement.

12 PPACA, Pub. L No 111-148,§ 1302(b)

13 PPACA, Pub. L. 111-148,§1301(c)(3)

In 2014, when the individual mandate responsibility of obtaining insurance is effective it may not be financially beneficial for a consumer to pay a direct practice for primary care services.

Consumers entering into direct practice agreements with primary care providers outside of the exchange most likely would be paying twice for some primary care, preventive services and chronic disease management because these benefits are required coverage as an essential health benefit under the qualified health plan.

Additionally, a consumers' costs associated with a direct practice outside of the exchange may not count as cost-sharing expenses for the HDHP. Therefore, the consumer would not benefit from these fees counting toward their maximum out-of-pocket expense limits. PPACA sets limits for maximum out-of-pocket expenses. A maximum out-of-pocket expense is the sum of the plan's annual deductible and other annual out-of-pocket expenses (other than premiums) that the insured is required to pay, such as copayments and co-insurance for an HDHP.[14]

3. **Is there a place for direct practices after 2014 when all individuals are required to purchase health care insurance?**

   Nothing in federal health care reform bars direct practice arrangements from operating outside the exchange. Exclusive direct practices that cater to the wealthier consumers and offer more of a concierge model of care will most likely still have a market. On the other end of the spectrum, a market exists for direct practice agreements for individuals who may not be entitled to buy health care coverage through the exchange such as the Yakima Valley Farm Workers Clinic's Mexican Worker Health Program. Additionally, some consumers join direct practices because they like the personal services offered and will continue with their direct practice agreements.

Recommendations for legislative modifications

Washington is at the forefront of national regulation of direct primary care practices. Since passage of the 2007 law, direct primary care practices have not gained significant market share, but have expanded into six counties in the state. With this in mind, the commissioner suggests the following recommendations for the Legislature to consider:

- **Strike the study requirement** - With the passage of The Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, and the requirement that plans offered through an exchange be qualified health plans, it appears that many of the questions required by the 2012 study are no longer relevant.
- **Continue to monitor practices using annual statements and consumer complaints** - Given the scope of these practices and the upcoming changes required by health care reform at the national level, take a wait-and-see approach to see:

14 Section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986

- How many direct practices will form partnerships with health carriers, and
- How direct practices will adapt to stay competitive in the health care market.

Appendix A

DIRECT PRACTICE ANNUAL STATEMENT REPORT 2010

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 is 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: ☐ Yes ☐ Don't know _____ percent

Has the practice discontinued any patients?
Check one: ☐ Yes ☐ No

If yes, how many _____, and please check the reasons:

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

Has your direct practice declined to accept any patients?
Check one: ☐ Yes ☐ No

If yes, how many _____, and please check the reasons:

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

***How many direct practice patients are enrolled in your program? _____**
How many are children? _____ How many are adults? _____

(Please continue to page 2)

***What is your average monthly fee? _____**

***What is your average annual fee? _____**

Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?
Check one: ☐ Yes ☐ No

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

Medicaid _____
Medicare _____
Private health insurance _____
Uninsured/No prior health coverage _____

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

☐ I did not provide this information for the 2009 report and it is included with this report.
☐ I did provide this information for the 2009 report and it has not changed so I do not need to provide it for 2010.
☐ I did provide this information for the 2009 report but information changed and it is include with this report.

If you have any questions regarding this survey please contact:

Donna Dorris
Senior Policy Analyst
Office of Insurance Commissioner

Phone: (360) 725-7040
FAX: (360) 586-3109
donnad@oic.wa.gov

Appendix B– Voluntary Information reported 2010

	Anchor Med. Clinic	Bellevue Medical Partners LLC	Charis Family Clinic	CARE Medical Associates	Direct CareMd	Guardian Family Care, PLLC	Hendler Family Practice	Snoqualmie clinics	MD2	New West Medical Care	Qliance Medical Group of WA	Seattle Medical Associates	Swedish Community Health	Swedish Premier	YWFWC[4]	Vantage Physicians
Do any providers in your practice participate as a network provider in a health carrier's network?	Blank	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	Yes	No	Yes	YES
What percentage of your business is direct practice?	Blank	100	2	100	3	100	100	Don't know	100%	100	100	100	29	100		100
Has the practice discontinued any patients?	Blank	Yes	No	No	No	Yes	Yes	Yes	Blank	Yes	Yes	Yes	Yes	No		Yes
The patient failed to pay under the terms of the direct agreement.		X				X	X	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?	Blank	No	No	No	No	No	No	Yes	Yes	No	No	Yes	No	No		Yes
The practice has reached its maximum capacity.									X			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.																X
Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?	Blank	No	Yes	Yes	No	Yes	Yes	Blank	Blank	Yes	Yes	Yes	No	Yes		Yes
Medicaid			0	2		5%	0				38	5				12

Medicare			0	75		25%	55				484	692				104
Private health insurance			0	174		25%	21				2474	2025				302
Uninsured/No prior coverage			7	10		45%	9				635	0				99
What is the average length of enrollment?	Blank	+1yr	New	+1yr	+1yr	1yr	+1yr	4-6 mos.	Blank	4-6 mos.	+1yr	+1yr	4-6 mos			+1yr

Other voluntary data submitted with the Annual Statement Report

Addendum to Qliance Medical Group 2010 Direct Practice Annual Statement voluntary data

A recently completed study of Qliance Medical Group's non-Medicare patient population of over two thousand patients in 2009 shows that the model dramatically reduces the need for expensive downstream care such as emergency room visits, hospital days, specialists and advanced radiology (e.g. MRIs, CT scans) when compared with Ingenix benchmark data for the Puget Sound region where our first three clinics are located:

Per 1000 members per year

Type of Referral	Qliance # per year/1000	Benchmark	Difference
ER Visits	60	158	-62%
Hospitalizations (in days)	136	184	-26%
Specialist Referrals	909	2000	-55%
Advanced Radiology	414	800	-48%
Surgeries (#/1000/year)	33	124	-73%
Surgeries (# days/1000/year)	83	168	-51%

This analysis is based on what we believe is fairly comprehensive data we have about where and how our patients utilize care outside of Qliance. As their primary care medical home, we try to know about, refer, coordinate and follow-up on all care outside Qliance. It is possible that a small amount of outside care, mostly specialist self-referrals, may have been missed, but these are a small part of downstream costs relative to the other types of referrals. Fortunately, we are starting to get complete medical claims data from self-funded groups we are working with. Results of the initial six months of a pilot we are doing with a large Washington self-funded group also suggest an encouraging cost impact.

WEBSITES AND ADDRESSES FOR DIRECT PRACTICES

Anchor Medical Clinic
8227 44th Ave. W. Suite E
Mukilteo, WA 98275-2848
http://www.anchormedicalclinic.com/

Bellevue Medical Partners LLC
1750 112th Ave. N.E. A-102
Bellevue, WA 98004
http://www.bellevuemedicalpartners.com/

Charis Family Clinic PLLC
23601 Hwy99, Ste A,
Edmonds, WA 98026
http://www.charisclinic.com/

CARE Medical Associates
1407 116th Ave. N.E. #102
Bellevue, WA 98004
http://www.cmadoc.com/

DirectCareMD
3333 Harrison Ave N.W.
Olympia, WA 98502
http://www.heritagefamilymedicine.com/

Guardian Family Care
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://hendlermd.com/default.aspx

Snoqualmie Valley Clinics
9575 Ethan Wade Way SE,
Snoqualmie, WA 98065
http://www.snoqualmiehospital.org/

MD2
Seattle, 1101 Madison St. Suite 1501, Seattle, WA 98104
Bellevue, 1135 116th Ave. N.E., Suite, Bellevue, WA 98004
http://www.md2.com/

New West Medical Care
14508 NE 20th Ave, Ste 102
Vancouver, WA 98686
http://www.newwestmedicalcare.com/

Qliance Medical Group
509 Olive Way, Suite 1607
Seattle, WA 98101
http://www.qliance.com/

Seattle Medical Associates
1221 Madison #920
Seattle, WA 98104
http://www.seamedassoc.com/

Swedish Community Health Medical Home
5300 Tallman Ave. NW
Seattle, WA 98107
http://www.swedish.org

Swedish Premier Health
600 Broadway, Suite 340
Seattle, WA 98122
http://www.swedish.org/Locations/Swedish-Premier-Health

Yakima Valley Farm Workers
602 East Nob Hill Blvd
Yakima, WA 98503
http://www.yvfwc.com/

Vantage Physicians
3703 Ensign Rd #10A
Olympia, WA 98506
http://vantagephysicians.net/