



## **FREQUENTLY ASKED QUESTIONS**

### **What impact does the Direct Care Plan have on my existing insurance plan?**

Over the next few months, the Osteopathic Center for Family Medicine (OCFM) will be withdrawing from all insurance networks. We will no longer accept any third-party (e.g., Anthem, Aetna) or government (e.g., Medicare, Tricare, Medicare Advantage, Medi-Gap, Medicare Supplemental) insurance plans.

### **Why is this change necessary?**

At the Osteopathic Center for Family Medicine, we believe our healthcare system has lost sight of its true mission: to work for the best interests of patients. Decisions about your healthcare should not be driven by the government, insurance companies or the burden of ridiculous out of pocket expenses. It is all a scam. That is why we've developed a plan to put you back in charge by combining a affordable high deductible plan with a low cost Osteopathic Center for Family Medicine Direct Care Plan.

With the Affordable Care Act (ACA), aka Obamacare, and the daily, sometimes hourly, changes in requirements, we are forced to move to a "direct pay" model to maintain our small private practice and preserve patient-physician relationships.

While we all agree that we need healthcare reform to reduce medical costs, increase access to doctors, and give patients more control over their medical decisions, Obamacare does the exact opposite by forcing patients to find new doctors, change the hospital where they receive their care, and allow third-party insurance carriers to increase monthly premiums and out-of-pocket expenses.

One broad-sweeping aspect of the ACA has been the creation of Accountable Care Organizations (ACOs). By determining what healthcare providers can participate, ACOs control which doctors you are allowed to see, which hospitals you are allowed to receive care from, and which laboratories, imaging center, physical therapy offices, and other associated healthcare organizations you can obtain services from. Furthermore, ACOs have the right to deny reimbursement for health services that they deem cost too much money, even though you may need for these services.

Our regional ACO is comprised of Eastern Maine Healthcare, St. Joseph's Healthcare, and the tax-supported Penobscot Community Health Center. Under ACO regulations, this regional ACO will receive taxpayer-funded Medicare healthcare dollars and determine where these healthcare dollars are spent. Despite our attempts to join the ACO, our participation has been denied. As such, OCFM is not eligible for any of these funds. In fact, the ACOs have excluded participation for all independent physicians and practices.

## **Are primary and private care doctors are becoming extinct?**

OCFM is one of only approximately 9% of the primary care offices in Maine that remain privately owned and operated.

The other 91% of primary care offices are owned by large corporations or hospitals. The "big box" chain-branded medical offices are reimbursed at a much higher level by third-party insurance carriers and Medicare services—in fact, they are reimbursed, in many cases, over twice the rates paid to small, privately owned offices, such as OCFM. In many cases, they are reimbursed at 95% of what they charge whereas small, privately owned offices, such as OCFM are "lucky" to be reimbursed at 25-40% of charges.

## **What is the impact on Medicare coverage?**

Effective on or before January 1, 2014 you should expect to receive Medicare updates regarding the reassignment of your benefits to our regional ACO, Beacon Health.

Effective January 1, 2014, OCFM will begin officially notifying third-party insurance carriers that we are withdrawing from participating in their insurance network. Withdrawal from Medicare will follow; however, since this is a complex process, we cannot provide an exact cut-off date at this time. We will, however, provide a notification to Medicare patients 90 days before this occurs.

Since OCFM opened its doors in 2007, our overhead costs have steadily risen from year-to-year. Medicare reimbursements have not kept pace with the rising costs. Indeed, they have effectively been cut. As a result, providing services to Medicare patients is not sustainable for small single-physician offices, like OCFM. Currently, Medicare reimburses our practice between 8 and 40 cents for every dollar of care spent on a Medicare patient. That is, if they reimburse at all—in numerous instances, Medicare simply refuses to reimburse for services provided (Just as for-profit insurance companies often refuse to pay for services provided).

## **What about catastrophic coverage?**

While the Direct Care Plan does not replace insurance for major medical and catastrophic care, it does reduce co-pay and out-of-pocket expenses for many patients. We are able to reduce the cost of basic care because we are eliminating the considerable overhead costs of dealing with government agencies and for-profit healthcare insurance providers.

Direct Care Plan can be combined with lower cost, high-deductible plans available from the State Exchange and independent brokers or cooperative plans such as those from Liberty Share, Medi-Share or Samaritan which provide catastrophic coverage and either fulfill or are exempt from the requirements of the Affordable Care Act.

## **Does the Direct Care Plan meet the Affordable Care Act/Obamacare requirement to have health insurance?**

At this time, in and of itself, no. Although the requirements of the Affordable Care Act seem to change daily. The Direct Care Plan does not fulfill the requirements set forth by the Affordable Care Act. It does, however, reduce out-of-pocket expenses for the most common types of care, such as yearly physicals and routine and acute illnesses and injuries.

## **If I enroll in the Direct Care Plan, will my insurance company cover lab testing, prescriptions and referrals to other physician?**

The benefits you receive from your insurance company are determined by... well, the insurance company, whose sole purpose is to be profitable. They should honor any lab or diagnostic testing, prescriptions and referrals ordered. There is no reason for an insurance company to deny any orders written by a physician. However, in light of their historical behavior, they can, and often do, change the rules every day and make it difficult for you to receive the care you need.

As an alternative, we have partnered with like-minded companies to offer affordable lab and diagnostic testing, as well as prescription medications. We are also building collaborative relationships with multiple specialty physicians to ensure that you can receive the care you require, regardless of the changing insurance company rules.

## **Will I need to choose a new Primary Care Physician (PCP)?**

Yes. As I will no longer be participating in insurance network, you will either have to choose a new "PCP" or be assigned to one by your insurance company.

## **If I choose not to sign-up, can I still receive my care here?**

Of course! We will provide you with a publicly available price list for our services. Payment for these services is expected on the day you receive them.

## **Can you recommend a new physician?**

There are some great doctors in our area, unfortunately the systems they work for have a different approach to patient care than I. When I put the DCP together, one of the things I wanted to focus on was the value and sanctity of the patient-physician relationship.

From my perspective, patients deserve to be valued, heard and respected. The patient-physician relationship should be a collaborative one. Patients should not be rushed through a 15 minute office visit, have the latest “gospel” of medical science shoved down their throat or be “pressured” into an intervention they are not comfortable with or have not been educated about.

As such, I cannot provide a recommendation. Not because there aren't great doctor (because there are), but rather because you deserve more than what is offered by the “big box” organizations. I would not feel right recommending a physician knowing that the environment in which they work does not value the patient-physician relationship the same way I do.

Disclaimer: While there is no predetermined limit to the number of visits per year, Osteopathic Center for Family Medicine reserves the right to have a discussion with individuals who have unexpectedly high use of services to determine appropriateness of care and if a modified arrangement may be appropriate. Medical services are provided as deemed medically necessary by Osteopathic Center for Family Medicine and the patient. Any refunds will be pro-rated after subtracting a twenty percent administrative fee and the fees for services already rendered. We do not keep controlled medications (pain killers, tranquilizers, stimulants, etc.) in stock in our office and we cannot supply these medications directly to patients. We do not prescribe medical marijuana.

Updated: March 18, 2014. This document is periodically updated as new benefits become available. Please visit [www.ocfm.com/dcp](http://www.ocfm.com/dcp) for the most up-to-date information.