Commercial Health Insurance Reimbursements in Oregon Primary Care – Report on Years 2014-2016

by Jeff Clark, ND, OANP Legislative Chair

Executive Summary

This report summarizes the fee-for-service payments made by state-regulated commercial health plans to individually licensed health professionals providing primary care in Oregon for the years 2014, 2015, and 2016. The resulting data characterizes industry reimbursement patterns for the health insurance coverage of approximately 20 percent of Oregonians. Physician Assistants and Nurse Practitioners enjoy a specific reimbursement parity law in Oregon. **Despite both state and federal healthcare provider non-discrimination laws, Naturopathic Doctors are reimbursed approximately 60 percent for the same office visits.** Economic marginalization by insurers undermines the state's investments in healthcare workforce development and its authority to license medicine.

Introduction

The Oregon Health Authority (OHA) maintains a database record of payments made by health insurers to medical providers. In May 2018, the Oregon Association of Naturopathic Physicians (OANP) commissioned a query of Oregon's All Payer, All Claims (APAC) database for payments to Medical Doctors (MD), Doctors of Osteopathy (DO), Physician Assistants (PA), Nurse Practitioners (NP) and Naturopathic Doctors (ND) for the years 2014, 2015, and 2016 for primary care office visits. This query was conducted to assess the parity of reimbursements to different provider types performing primary care services in Oregon.

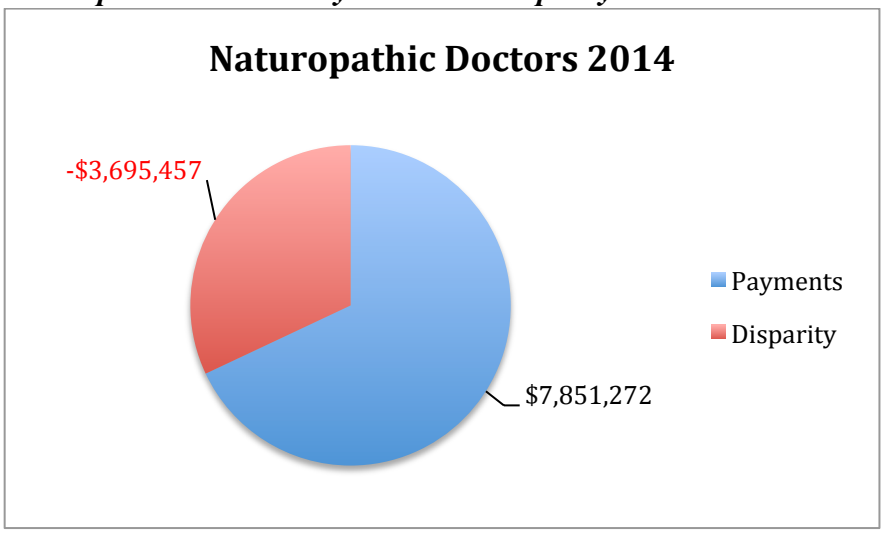
Queries of these data are available to outside entities and the public for a service fee assessed by OHA[1]. The staff of the Oregon Health Authority, Office of Health Analytics conducted the query and verified the resulting data summarized here.

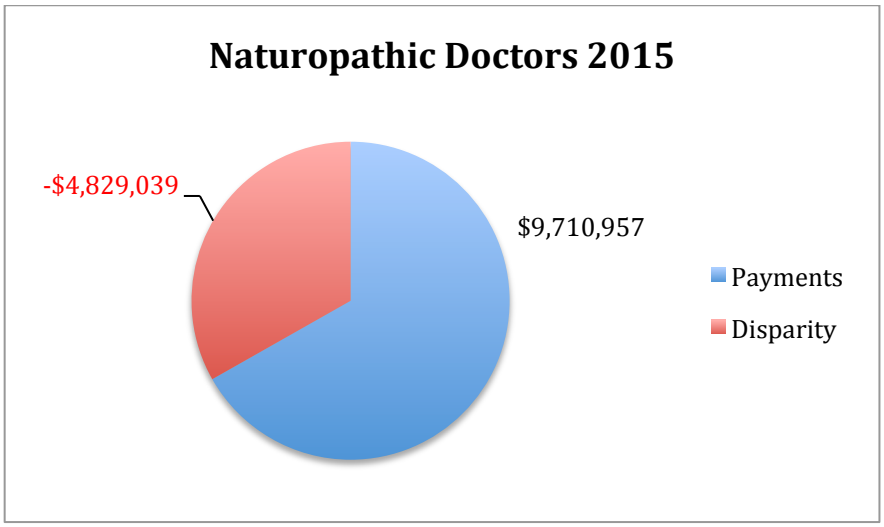
Reimbursement Payments and Disparity

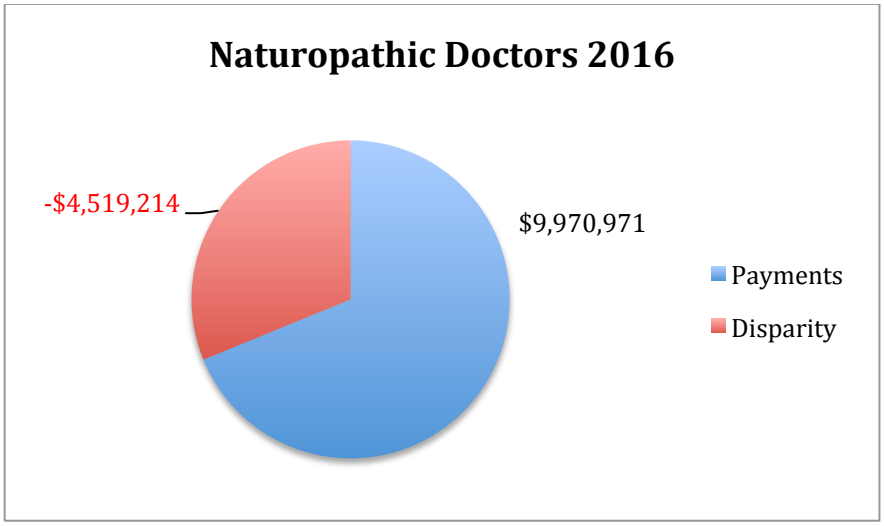
Payments to Medical Doctors and Doctors of Osteopathy are the basis for parity comparisons. The average payment for a CPT code to MD/DO multiplied by the number of visits another provider type claimed, produces the magnitude of payment expected with reimbursement parity.

[1] OHA, Office of Health Analytics. (n.d.). All Payer All Claims Reporting System. Retrieved July 1, 2018, from https://tinyurl.com/ybwkjsy4

Naturopathic Doctors Payments and Disparity 2014-2015





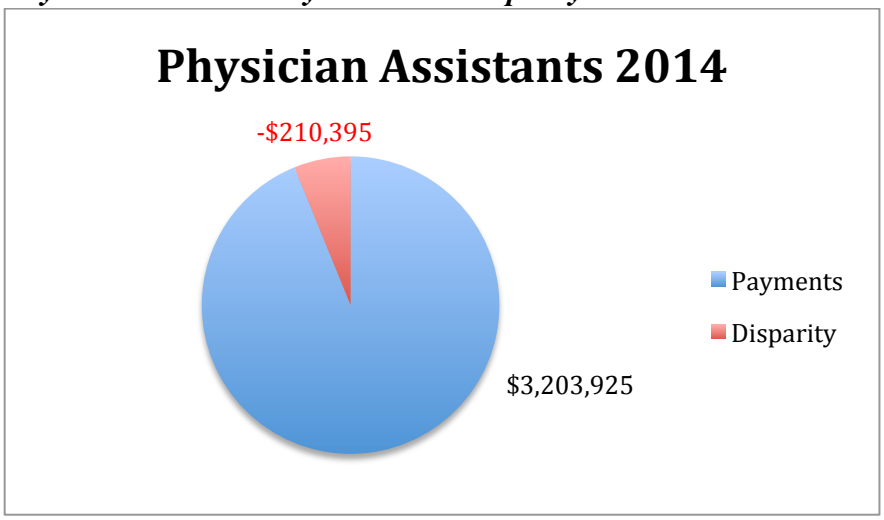


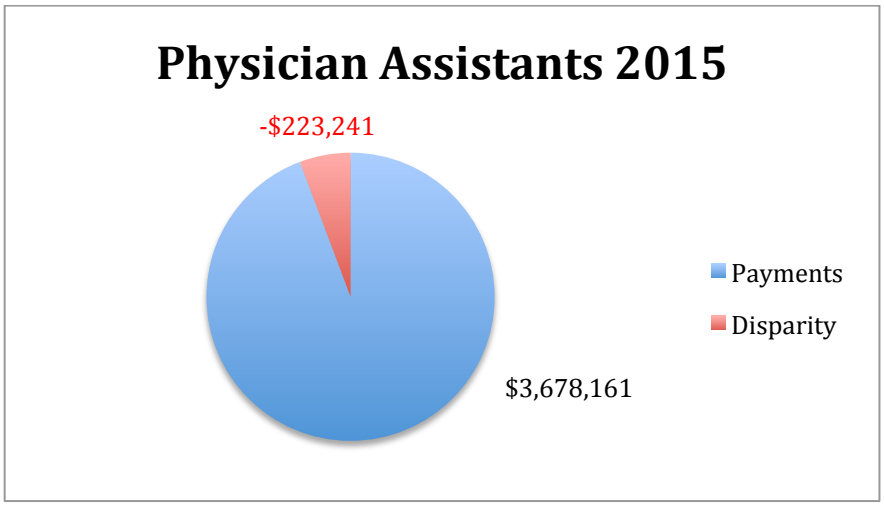
Disparity is the additional amount that would have been paid if the provider type on the claims had been an MD or DO.

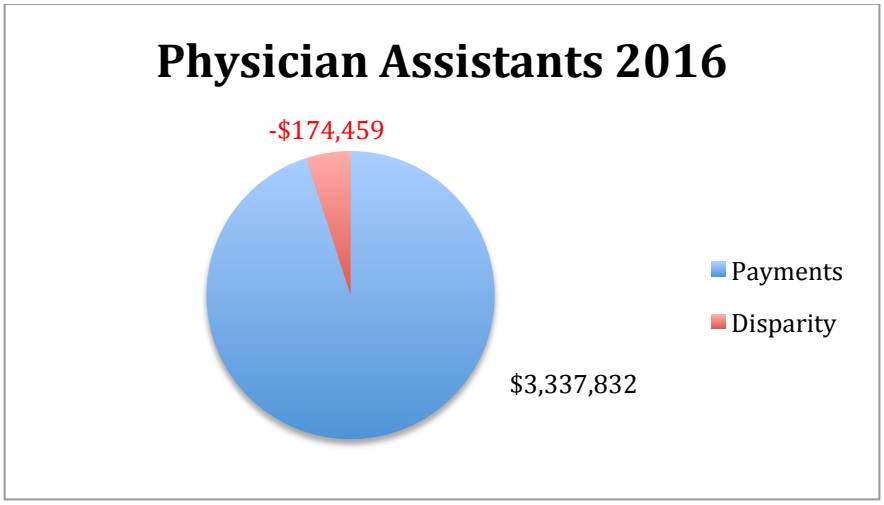
Naturopathic Doctors experience a significant disparity in reimbursements despite both state and federal provider non-discrimination laws.

The payments and disparity calculations for NDs are found in Appendix B.

Physician Assistant Payments and Disparity 2014-2015





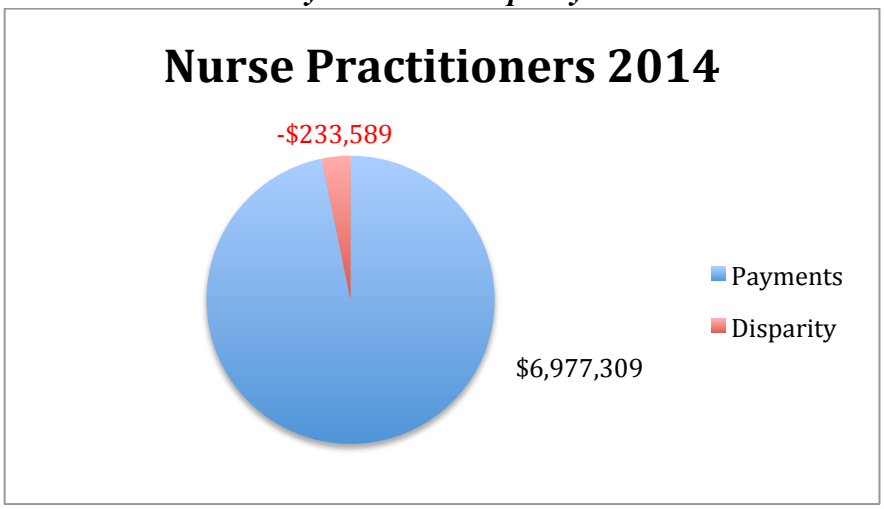


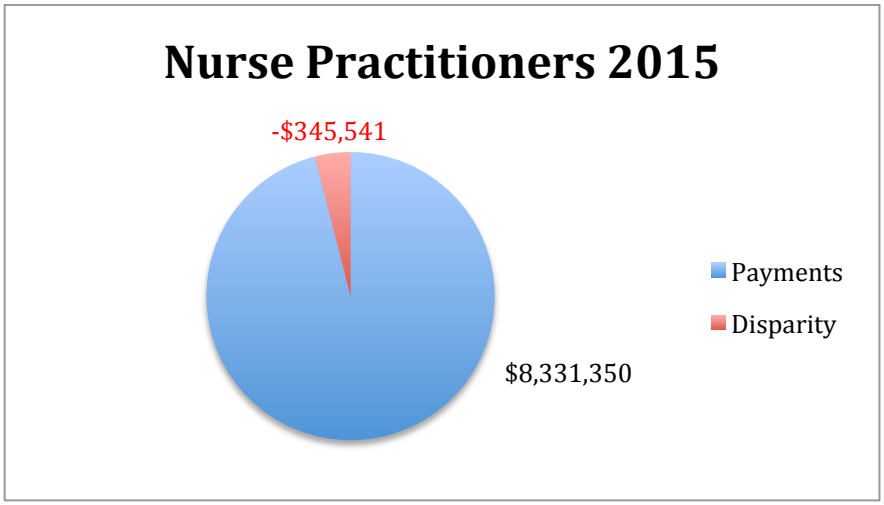
Disparity is the additional amount that would have been paid if the provider type on the claims had been an MD or DO.

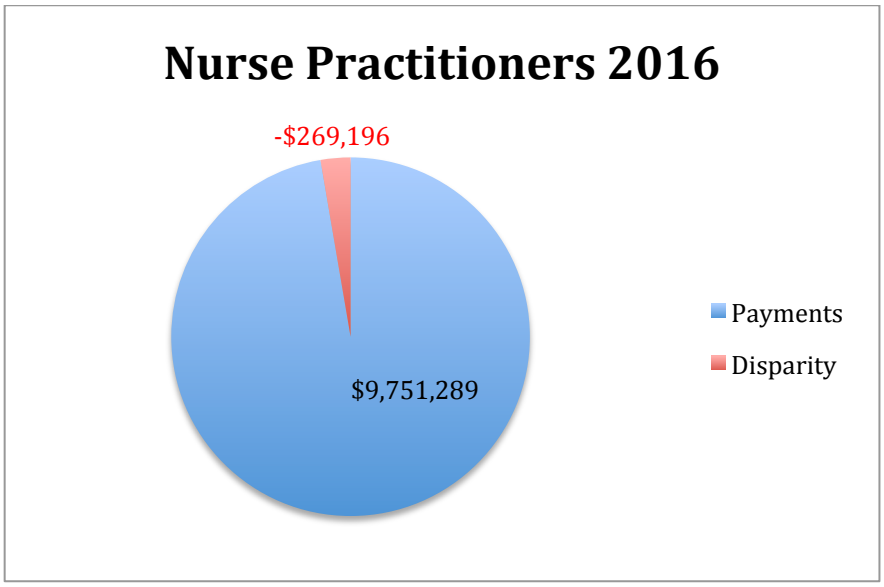
Physician Assistants enjoy a specific reimbursement parity law in Oregon.

The payments and disparity calculations for PAs are found in Appendix C.

Nurse Practitioners Payments and Disparity 2014-2015







Disparity is the additional amount that would have been paid if the provider type on the claims had been an MD or DO.

Nurse Practitioners enjoy a specific reimbursement parity law in Oregon.

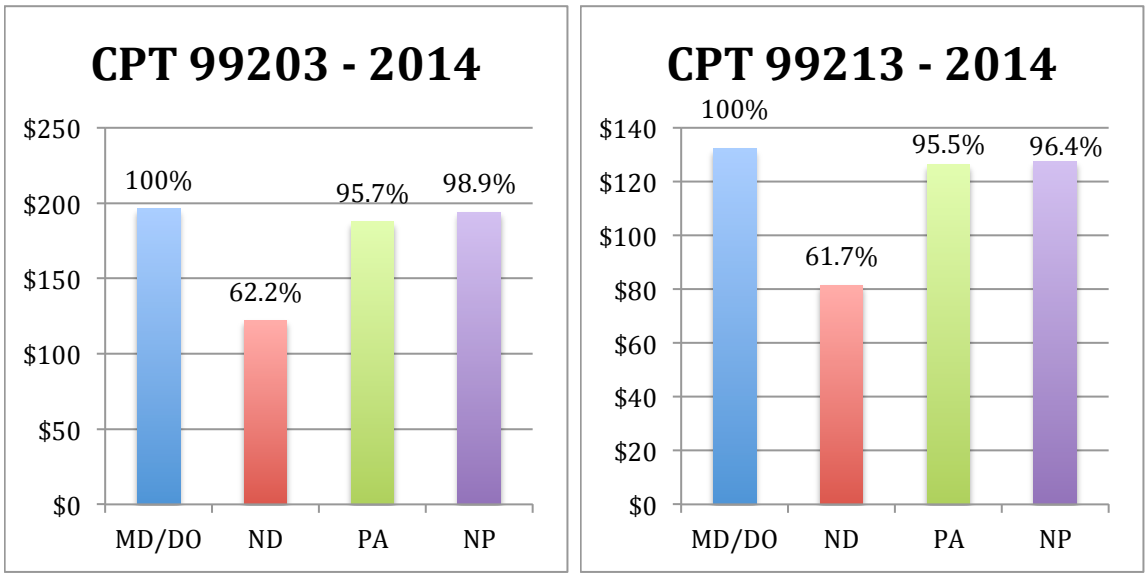
The payments and disparity calculations for NPs are found in Appendix D.

Median Reimbursement Rates

The median value is where half the payments are for less and half are for more. The mean or average payment can be skewed up and down by very high and very low payments. During 2014-2016 the Oregon Health Co-op is the only insurer known to pay all contracted ND's at 100-percent parity. At the same time, Health Net and grandfathered Providence plans using American Specialty Health as a third party administrator reimbursed NDs as low as 20 percent of parity.[2]

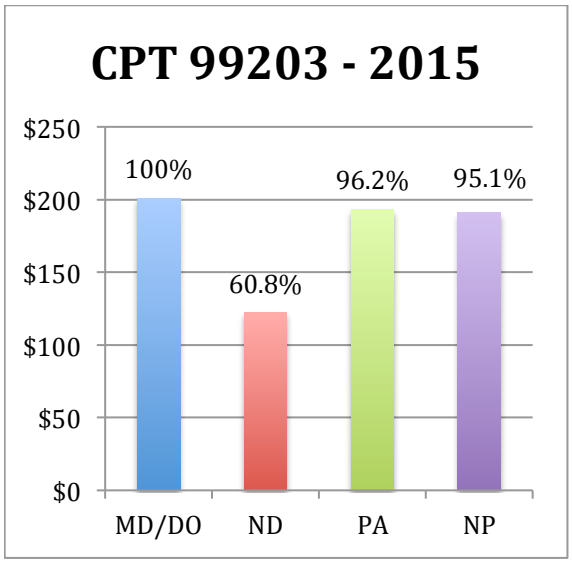
Current Procedure Terminology (CPT) codes are used to identify types of office visits or other medical actions. For instance, CPT 99203 is a commonly used new-patient visit code. For follow up office visits, CPT 99213 is a commonly used code. A comprehensive comparison of median values for all included CPT codes in the query years can be found in the tables in Appendix A. Centers for Medicare & Medicaid (CMS) Services definitions of CPT codes included in this report are found in Appendix F.

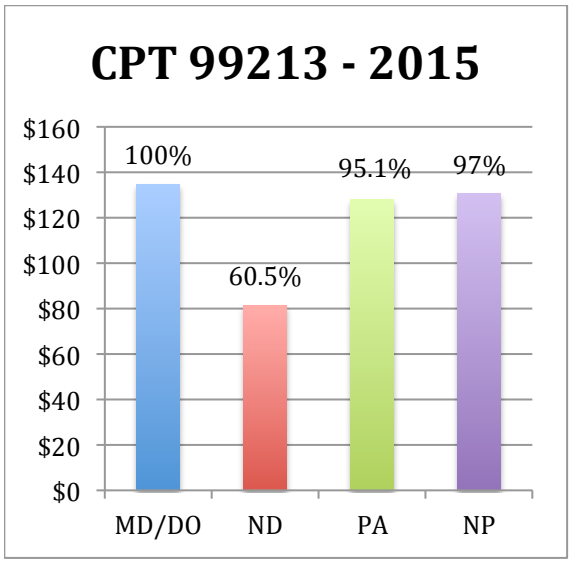
2014 Example Median Reimbursements for Primary Care Office Visits



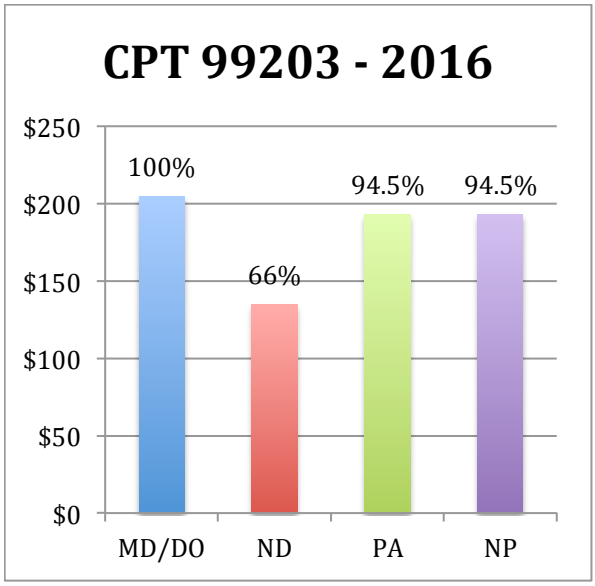
[2] Author's clinic billing records and previous market research.

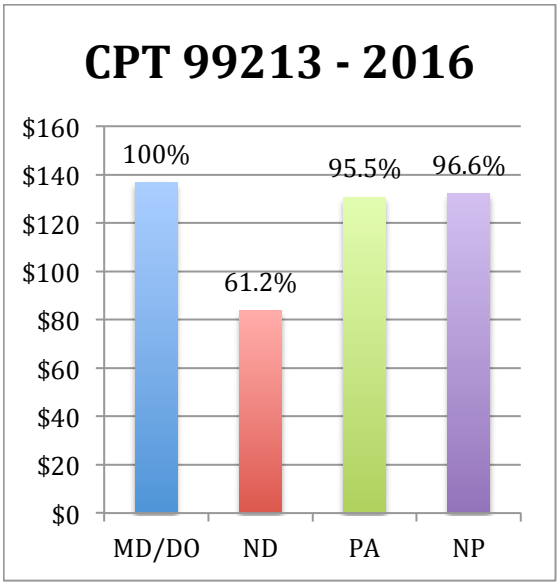
2015 Sample Median Reimbursements for Primary Care Office Visits





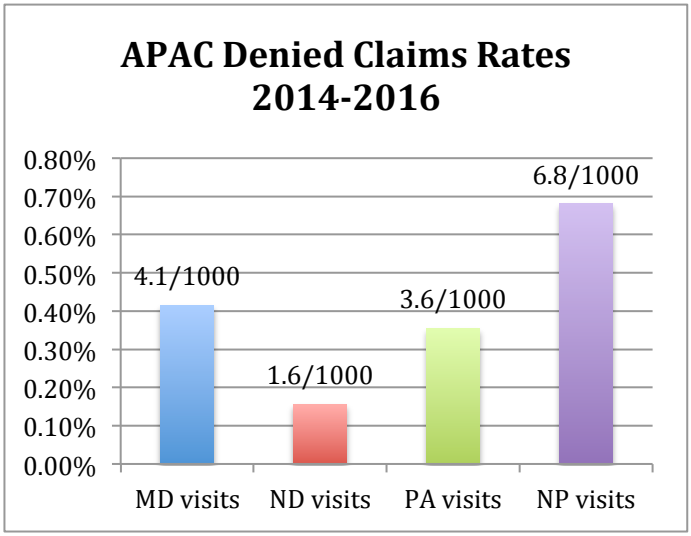
2016 Sample Median Reimbursements for Primary Care Office Visits



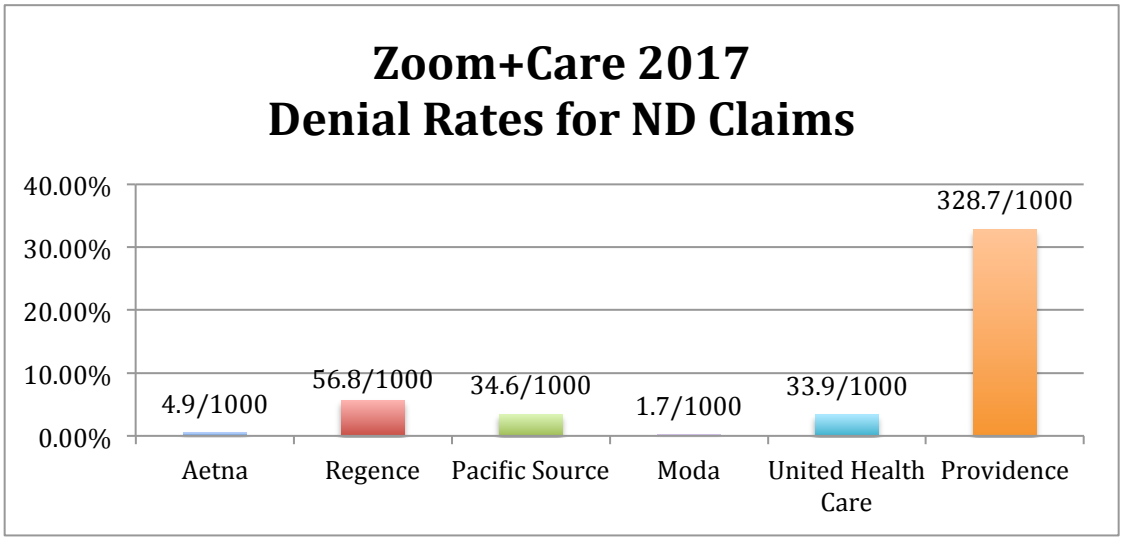


Denied Claims Rates

Denial rates are reported in relation to the number of claims paid. APAC data do not include reasons for claim denials. For all provider types the most commonly expected reasons for denial are incomplete or improperly completed claims. Routine denials can also be from redundant claims, multiple claims for the same date of service, and claims for services that are not covered by a plan.



APAC does not include most transactions with Employee Retirement Income Security Act (ERISA) plans. These plans are not mandatory reporters to APAC although some do report voluntarily. ERISA plans frequently deny ND claims for the reason "the plan does not recognize the provider type." Zoom+Care is one of the top two employers of NDs in Oregon. They employ MDs, DOs, NPs, PAs and NDs side by side and interchangeably in their neighborhood clinics. Zoom+Care maintains a database of transaction records similar to APAC that includes all their ERISA transactions. Zoom+Care notes in their recent transparency report markedly higher denial rates for ND claims when ERISA plans are included. ERISA plans in Zoom+Care's report are advised, formulated, and administered by the insurance carriers named[3]. Zoom+Care also suffers excessive provider type denials because of prohibitive credentialing criteria placed selectively on NDs.



Health Net denies all Zoom+Care claims when the provider type is ND and so is not graphed here.

[3] The 2018 Zoom Transparency Report

Scope and Conventions of this Report

Payments reported here are from commercial health plans regulated by the state of Oregon, including: marketplace, small and large groups, associations and trusts. Public Employees Benefit Board (PEBB) and Oregon Education Benefit Board (OEBB) are also included. Most ERISA plans do not report, although some do so voluntarily.

With the intention to include only directly comparable fee-for-service transactions, the following were excluded from the APAC data query: capitated contracts; payments to Zoom+Care; and payments from the Kaiser Foundation Health Plan of the Northwest.

The identities of the entities making payments, and the identities of providers receiving payments reported to APAC, are blinded from public view. Only aggregated and summarized data are available for this reporting.

The years 2014, 2015, and 2016 are the three most recently available years for a public APAC query. These are also the first three years that health-insurance carriers were legally obligated to conform to the provider non-discrimination law found in section 2706 of the Federal Patient Protection and Affordable Care Act of 2010 (PPACA/ACA).

Payments to provider types Medical Doctor and Doctor of Osteopathy are the basis of comparisons for reimbursement parity. MD/DO values are always at 100 percent parity. Office visits are the most common and central activity in primary care. The focus of this report is on office visit CPT codes 99201-99205 and 99211-99215. These are not the only CPT codes of interest for reimbursement parity amongst primary-care providers in Oregon.

CMS definitions of Common Procedural Terminology (CPT) codes included in this report are found in Appendix F.

Limitations of Oregon's All Payer All Claims Database

Data from APAC is available two years in arrears to allow all transactions to complete their full insurance payment process, and then be reported and incorporated into the database. The APAC database is a full accounting of all transactions reported to OHA's Office of Health Analytics for required lines of business. It is not a statistical estimation of transactions. APAC data are as accurate and reliable as the insurance carriers reporting their transactions.

For the purposes of this report, APAC's greatest limitation is that most self-funded, private health plans governed under the Federal Employee Retirement Income Security Act of 1974 (ERISA) are not mandatory reporters. Commercial carriers advise, formulate, and administer many of these non-reporting ERISA plans for their employer clients. A lesser data limitation is that no qualifying information is provided to explain why provider claims are denied [4, 5]

[4] OHA, Office of Health Analytics. All Payer All Claims Reporting Program.
[5] S. Schubert. OHA, Office of Health Analytics. (August 7, 2017). APAC Mandatory Reporters. Retrieved July 1, 2018, from https://tinyurl.com/yazsba9t

Oregon's Authority and Public Policy

Authority to Grant Licenses to Practice Medicine

The authority to license the practice of medicine within the state of Oregon belongs to the state. No other entity, public or private, has a legally defined right to supersede that authority. Oregon grants licenses and regulates medical practice through professional licensing boards. Scope of practice for each provider type is granted by Oregon Revised Statute (ORS) and defined by Oregon Administrative Rules (OAR)[6,7,8] Oregon licensing boards monitor the practice of each profession, providing disciplinary actions including revocation of license when there is irresponsible patient harm, law breaking, or ethical lapses.

Public Spending on Primary Care Shortage

Oregon has an ongoing shortage of primary care providers[9]. The state expends $41 million every biennium on direct grants and tax credits to incentivize the recruitment and retention of primary-care providers in underserved areas of the state, including payments to Naturopathic Doctors. The Federal government spends another $9 million in the state annually directed at incentives for the same purpose[10, 11].

Remove Health Insurance Barriers for Naturopathic Doctors

In April 2013 the Oregon Health Care Workforce committee issued a memo to the Oregon Health Policy Board concerning "recommended strategies, actions and policy changes … that support the recruitment, retention and distribution of Oregon's health care workforce, with an emphasis on primary care"-- short-term recommendations to increase primary care capacity in advance of 2014. Recommendation 4 reads: "Make better use of naturopaths as part of the primary care workforce by removing contracting, credentialing, coverage, and payment barriers."[12]

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[6] Oregon Medical Board (n.d.). Retrieved July 1, 2018, from https://tinyurl.com/yaxd57oo
[7] Oregon State Board of Nursing (n.d.). Retrieved July 1, 2018, from https://tinyurl.com/ydyn3num
[8] Oregon Board of Naturopathic Medicine (n.d.). Retrieved July 1, 2018, from https://tinyurl.com/yc2mgqmf
[9] The Robert Graham Center. (n.d.). Oregon: Projecting Primary Care Physician Workforce. Retrieved July 1, 2018, from https://tinyurl.com/yd62f2yc
[10] OHA, Office of Primary Care. 3/29/2018. Private correspondence.
[11] OHA, Primary Care Office. (n.d.). Health Care Provider Incentive Program. Retrieved July 1, 2018, from https://tinyurl.com/yasm6gzf
[12] Oregon Healthcare Workforce Committee. March 28, 2013. Memo to Oregon Health Policy Board. Retrieved July 1, 2018, from https://tinyurl.com/ycupj4yo

Applicable Laws Regarding Provider Non-Discrimination and Parity:

2010 Federal PPACA Provider Non-discrimination Effective Jan. 1, 2014
"SEC. 2706 42 U.S.C. 300gg–5. NON-DISCRIMINATION IN HEALTH CARE. (a) PROVIDERS.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law. This section shall not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures."[13]

As of this writing the federal government has decided this law is "self implementing," with no intention to write clarifying rules.[14]

HB2468-2015 Oregon Health Care Provider Non-Discrimination
"SECTION 2. (2)(a) An insurer may not discriminate with respect to participation under a health benefit plan or coverage under the plan against any health care provider who is acting within the scope of the provider's license or certification in this state. (b) This subsection does not require an insurer to contract with any health care provider who is willing to abide by the insurer's terms and conditions for participation established by the insurer. (c) This subsection does not prevent an insurer from establishing varying reimbursement rates based on quality or performance measures. (d) Rules adopted by the Department of Consumer and Business Services to implement this section shall conform, as far as practicable and appropriate in this state, to 42 U.S.C. 300gg-5 and the rules adopted by the United States Department of Health and Human Services, the United States Department of the Treasury or the United States Department of Labor to carry out 42 U.S.C. 300gg-5."[15]

As of this writing, an Oregon Rules Advisory Committee (RAC) has yet to be convened for this section of HB2468-2015.

[13] Office of the Legislative Counsel FOR THE U.S. HOUSE OF REPRESENTATIVES. May 2010. COMPILATION OF PATIENT PROTECTION AND AFFORDABLE CARE ACT. Retrieved July 1, 2018, from https://tinyurl.com/y95p9dsq
[14] CMS, Center for Consumer Information & Insurance Oversight. (n.d.). Affordable Care Act Implementation FAQs - Set 15 Retrieved July 1, 2018, from https://tinyurl.com/y9cg74md
[15] Oregon Legislative Information System. 78th OREGON LEGISLATIVE ASSEMBLY--2015 Regular Session. HB2468-2015. Retrieved July 1, 2018, from https://tinyurl.com/y92zrufe

Legislated Health Insurance Reimbursement Parity for NP/PA

In 2013 the Oregon legislature passed HB 2902. This law requires health insurers to reimburse Nurse Practitioners and Physician Assistants for services within their scope of practice the same amount as would be paid to a Medical Doctor or Doctor of Osteopathy for the same service. The reimbursements to MD/DO may not be lowered to meet this requirement.[16] This law was renewed in 2016 with an original sunset clause removed.[17]

Free Market Dynamics and Antitrust in Oregon Health Care

An Economic Landscape Dominated by Giants

Healthcare in Oregon is an economic landscape dominated by large entities with inordinate market power. Health insurers wield monopsony power over the health care purchases of their subscribers. Hospitals and large medical groups hold monopoly power over the services of their providers an insurer must purchase in order to have a sufficient provider network. Nationwide since 2014, these two opposing economic powers have been rapidly consolidating into even larger entities.[18]

Collective Bargaining by Healthcare Providers Violates Antitrust Law[19]

The US Supreme Court's ruling in Arizona v. Maricopa County Medical Society, 457 U.S. 332 (1982) clarified that healthcare providers are not exempt from antitrust law. This status prevents independent providers from joining into collective bargaining efforts with insurers. Collective bargaining is only available inside formal economic entities such as Independent Physician's Associations (IPA), provider groups, and hospital-based delivery systems. Small provider entities, and small professions made up of small entities, are left in the position of having little to no bargaining power when negotiating reimbursement rates and other contract terms with insurers. Instead, insurers have inordinate power to issue "take it or leave it," one-sided contracts to small healthcare entities and individual providers.

Health Insurance Companies' Antitrust Exemption

Under the Federal McCarran-Ferguson Act of 1945, health-insurance companies are allowed to share information regarding "the business of insurance," including their claims histories that they may then use in setting subscriber rates.[20]

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[16] Oregon Legislative Information System. 78th OREGON LEGISLATIVE ASSEMBLY--2015 Regular Session. HB2902-2013. Retrieved July 1, 2018, from https://tinyurl.com/y8pz59f3

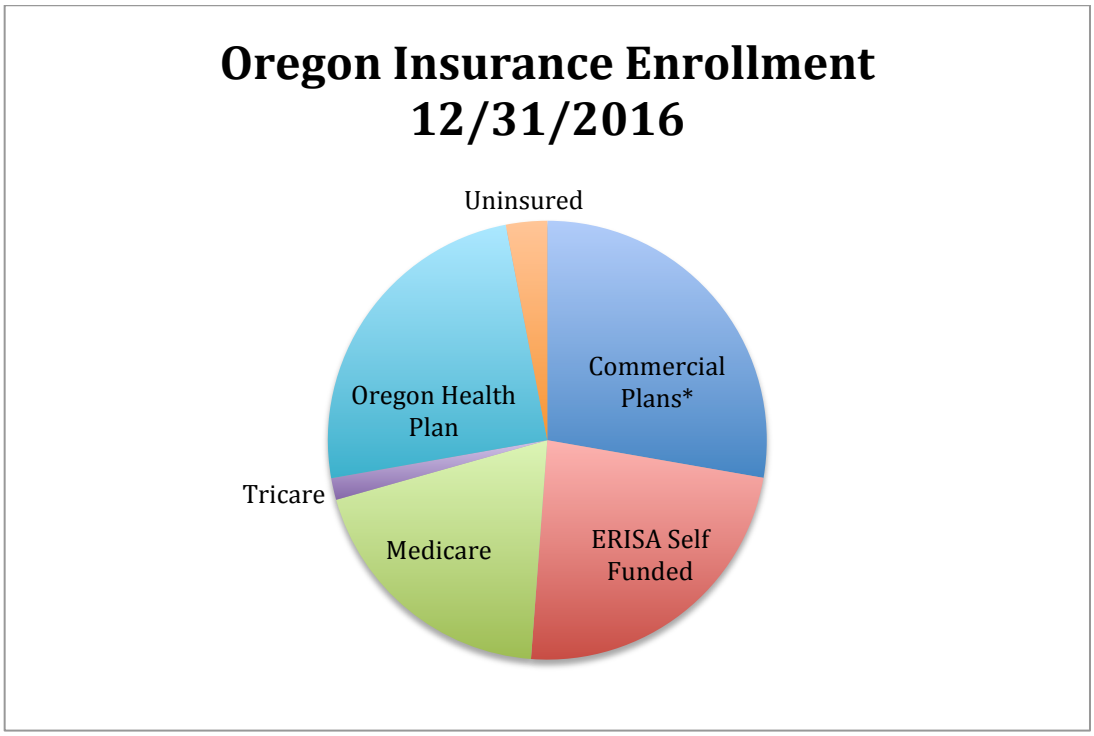
[17] Oregon Legislative Information System. 78th OREGON LEGISLATIVE ASSEMBLY--2016 Regular Session. SB1503-2016. Retrieved July 1, 2018, from https://tinyurl.com/y74berqq

[18] Northwest Regional Primary Care Association. (August 17, 2015). Healthcare Consolidation and Economic Trends. Retrieved July 1, 2018, from https://tinyurl.com/yap4khta

[19] AH Schiff, JD, MPH. Clin Orthop Relat Res. 2009 Nov; 467(11): 3017–3028.. Physician Collective Bargaining. Retrieved July 1, 2018, from https://tinyurl.com/yazpkvfs

[20] Michael G. Cowie. (December 2009). Health Insurance and Federal Antitrust Law, Retrieved July 1, 2018, from https://tinyurl.com/y8cqjgnb

Oregon Health Insurance Enrollment 2016[21]



Oregon population	**4,093,465**	% population
Commercial Plans*	1,134,547	27.7%
ERISA Self Funded	959,289	23.4%
Medicare	795,614	19.4%
Tricare	64,435	1.6%
Oregon Health Plan	1,010,509	24.7%
Uninsured	124,038	3.0%

*Payments from Commercial Plans are the main subject of this report.

Most ERISA plans are not mandatory reporters to APAC, and are therefore not reported. Publicly funded payers, including the Oregon Health Plan (Medicaid and Children's Health Insurance Plan), Medicare, and Tricare form a distinct marketplace that is not directly comparable to private or Commercial Plans.

The top 25 Commercial Insurers in Oregon by enrollment market share, as of January 1, 2018, can be found in Appendix E.

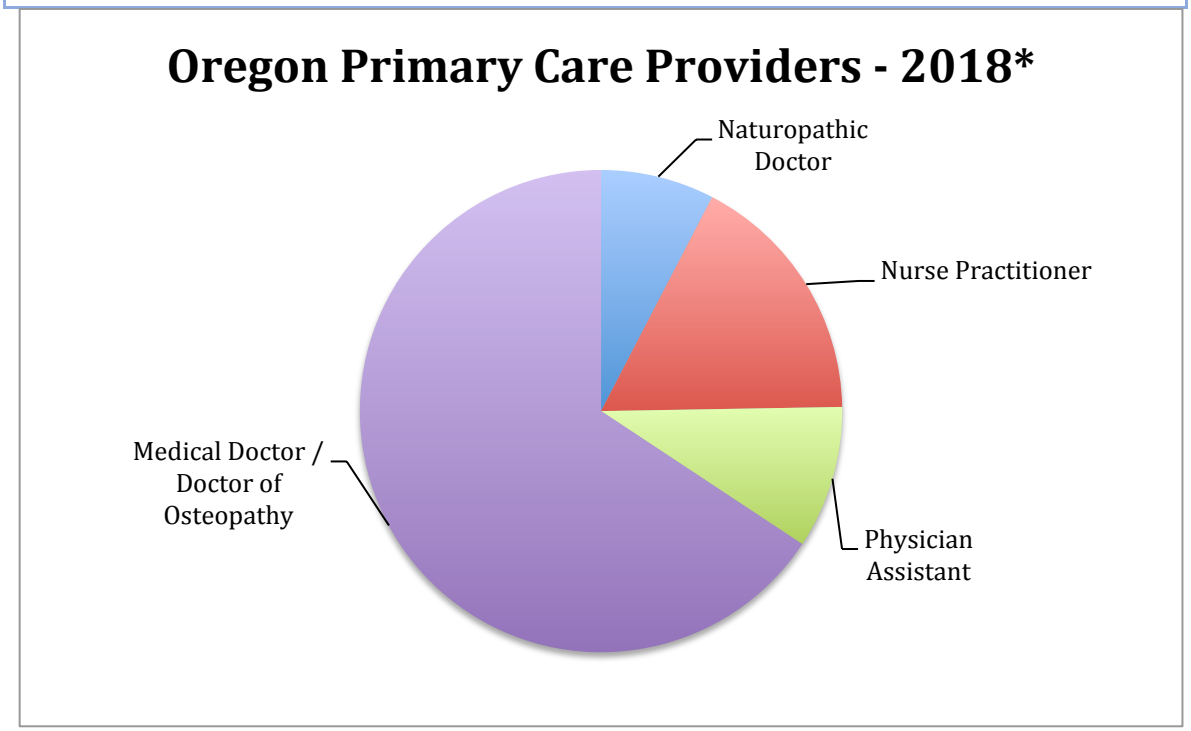
[21] Oregon Division of Financial Regulation. (n.d.). Annual Health Reports – Enrollment. Retrieved July 1, 2018, from https://tinyurl.com/y9v7tt64

Primary Care in Oregon

For the purposes of this report, the definition of primary care is found in SB 231-2015. Only the provider types enumerated in that bill — MD, DO, PA, NP and ND providing "family medicine, general internal medicine, naturopathic medicine, obstetrics and gynecology, pediatrics or general psychiatry" — are included in this report.[22]

Oregon Medical Provider Demographics as of January 2018[23]

Oregon Medical Providers	Licensed in 2018	Practicing in Oregon*	Practicing Primary Care in Oregon*	Portion of Primary Care Workforce
Naturopathic Doctor	1,030	861	**577**	**7.6%**
Nurse Practitioner	3,992	3,217	**1,294**	**17.1%**
Physician Assistant	1,921	1,851	**724**	**9.6%**
Medical Doctor / Doctor of Osteopathy	16,124	14,010	**4,972**	**65.7%**



* estimated from 2017 license renewal provider surveys

[22] Oregon Legislative Information System. 78th OREGON LEGISLATIVE ASSEMBLY--2015 Regular Session. SB231-2015. Retrieved July 1, 2018, from https://tinyurl.com/y8bl84al

[23] Data from the 2017 license renewal provider survey. Pre-published. OHA Office of Health Analytics. Retrieved July 3, 2018, from https://tinyurl.com/y9bg2rc6

Conclusions Drawn From this Data Report

- ***Significant differences in reimbursement rates based on provider type do not comply with non-discrimination laws.***

    - These differences cannot be explained on the basis of "quality or performance measures" employed by carriers, plans, or by rule making.

    - If provider non-discrimination laws at both the federal and state levels are intended to be "self-implementing", this report demonstrates that intention has failed in regard to Naturopathic Doctors licensed by Oregon.

- ***The disparities in commercial insurance reimbursement rates found in APAC run contrary to the policies and authority of the state of Oregon.***

    - The practice of economically marginalizing NDs undermines the state's efforts and expenditures in developing an adequate primary care workforce for the benefit of its citizens.

    - Insurers use their monopsony power to create an economic marginalization of NDs that supersedes Oregon's authority to license the practice of medicine.

- ***Naturopathic medical practice is economically marginalized and under great financial hardship from insurance industry reimbursement disparity.***

    - Naturopathic medicine practices are forced to operate on an economic shoestring. Historically, and by no mystery, many new ND practices struggle and then go out of business.

    - The fixed operating costs of a naturopathic primary care practice are no less than for other provider types operating in the same Oregon settings.

    - Reimbursement disparity is a personal injustice to those who invest greatly of themselves to become doctors in order to help others. The debt burden of a naturopathic medical student completing a 4-year graduate medical program is similar to that of 4-year osteopathic and medical students. The ND student debt burden is significantly more than that of Nurse Practitioners and Physician Assistants completing 2-year programs. Reimbursement disparity by insurers takes directly from the doctor's ability to repay student loans and to meet the other financial obligations of life.

    - It is a false concern that reimbursing Naturopathic Doctors at parity will somehow increase the overall cost of health care in Oregon. If economic marginalization by insurance carriers reaches its logical conclusion of driving all or most NDs out of practice, only provider types reimbursed at, or near market parity will remain to serve Oregon's population.

- ***How can commercial insurers collectively suppressing reimbursements to a specific Oregon licensed provider type fall within the "business of insurance"?***

    - The McCarran-Ferguson Act provides neither license nor protection for anticompetitive behavior by health insurers against health care providers.

Potential Remedies

- Legislate reimbursement parity for Naturopathic Doctors as has been done for Nurse Practitioners and Physician Assistants in 2013 and 2016.

- Convene a Rules Advisory Committee (RAC) for the implementation of *HB2468-2015 Oregon Health Care Provider Non-Discrimination*.

APPENDIX A MEDIAN REIMBUREMENT RATES 2014-2015

2014 APAC Office Visit Median Reimbursement Rates

CPT Code	MD/DO		ND		PA		NP	
99201	$77	100.0%	$50	64.6%	$71	92.0%	$68	87.8%
99202	$136	100.0%	$105	77.3%	$123	90.7%	$130	95.7%
99203	***$196***	***100.0%***	***$122***	***62.2%***	***$188***	***95.7%***	***$194***	***98.9%***
99204	$295	100.0%	$187	63.4%	$300	101.5%	$255	86.4%
99205	$353	100.0%	$227	64.2%	$365	103.4%	$286	80.8%
99211	$38	100.0%	$25	66.7%	$32	83.4%	$33	87.3%
99212	$77	100.0%	$48	62.9%	$72	93.2%	$77	100.1%
99213	***$132***	***100.0%***	***$82***	***61.7%***	***$126***	***95.5%***	***$127***	***96.4%***
99214	$192	100.0%	$120	62.6%	$185	96.6%	$174	91.0%
99215	$248	100.0%	$160	64.4%	$257	103.7%	$201	81.2%

2015 APAC Office Visit Median Reimbursement Rates

CPT Code	MD/DO		ND		PA		NP	
99201	$78	100%	$50	63.3%	$76	97%	$68	86.8%
99202	$140	100%	$124	88.2%	$129	92%	$133	95.1%
99203	***$201***	***100%***	***$122***	***60.8%***	***$193***	***96%***	***$191***	***95.1%***
99204	$302	100%	$187	62.0%	$311	103%	$286	94.5%
99205	$358	100%	$232	64.8%	$371	104%	$351	97.8%
99211	$38	100%	$24	62.5%	$35	93%	$35	93.4%
99212	$78	100%	$48	61.9%	$76	97%	$77	99.0%
99213	***$135***	***100%***	***$82***	***60.5%***	***$128***	***95%***	***$131***	***97.0%***
99214	$196	100%	$120	61.2%	$185	94%	$184	93.6%
99215	$251	100%	$162	64.4%	$258	102%	$237	94.2%

2016 APAC Office Visit Median Reimbursement Rates

CPT Code	MD/DO		ND		PA		NP	
99201	$81	100%	$50	62.5%	$76	94%	$68	84.3%
99202	$140	100%	$140	100.0%	$129	92%	$133	95.1%
99203	***$205***	***100%***	***$135***	***66.0%***	***$193***	***94%***	***$193***	***94.5%***
99204	$311	100%	$187	60.2%	$326	105%	$300	96.6%
99205	$373	100%	$232	62.3%	$399	107%	$353	94.9%
99211	$39	100%	$24	60.5%	$38	96%	$37	94.4%
99212	$80	100%	$49	61.3%	$76	95%	$78	97.6%
99213	***$137***	***100%***	***$84***	***61.2%***	***$131***	***96%***	***$132***	***96.6%***
99214	***$201***	***100%***	***$120***	***59.8%***	***$193***	***96%***	***$190***	***94.5%***
99215	$261	100%	$162	62.0%	$258	99%	$253	97.0%

APPENDIX B PAYMENTS TO NATUROPATHIC DOCTORS 2014-2016

2014 APAC Fee for Service Payments to Naturopathic Doctors

CPT Code	ND Visits	ND Mean	MD/DO Mean	ND Paid	ND Disparity
99201	61	$63	$78	$3,846	-$891
99202	511	$109	$132	$55,524	-$12,068
99203	***1,859***	***$138***	***$188***	***$255,850***	***-$93,141***
99204	5,424	$184	$276	$1,000,707	-498,170
99205	2,563	$215	$330	$551,857	-$293,069
99211	1,045	$40	$52	$41,573	-$13,162
99212	3,924	$58	$81	$228,971	-$87,749
99213	***16,553***	***$90***	***$129***	***$1,486,978***	***-$642,838***
99214	27,077	$120	$180	$3,257,529	-$1,618,491
99215	6,220	$156	$226	$968,437	-$435,878
Total:	**65,237**			**$7,851,272**	**-$3,695,457**

2015 APAC Fee for Service Payments to Naturopathic Doctors

CPT Code	ND Visits	ND Mean	MD/DO Mean	ND Paid	ND Disparity
99201	55	$61	$79	$3,358	-$979
99202	533	$116	$137	$62,058	-$10,912
99203	***1,928***	***$136***	***$192***	***$262,006***	***-$107,799***
99204	7,058	$187	$283	$1,319,298	-$680,755
99205	2,740	$224	$339	$614,964	-$312,593
99211	1,331	$34	$55	$44,777	-$28,577
99212	3,562	$60	$84	$213,552	-$85,581
99213	***19,034***	***$89***	***$132***	***$1,698,946***	***-$805,530***
99214	35,365	$122	$185	$4,305,703	-$2,234,750
99215	7,522	$158	$232	$1,186,296	-$561,561
Total:	**79,128**			**$9,710,957**	**-$4,829,039**

2016 APAC Fee for Service Payments to Naturopathic Doctors

CPT Code	ND Visits	ND Mean	MD/DO Mean	ND Paid	ND Disparity
99201	44	$57	$82	$2,518	-$1,094
99202	829	$127	$137	$105,671	-$8,008
99203	***1,813***	***$146***	***$196***	***$264,730***	***-$90,530***
99204	6,572	$198	$295	$1,302,729	-$633,638
99205	2,396	$240	$352	$575,469	-$268,709
99211	1,048	$36	$59	$37,364	-$24,370
99212	2,943	$58	$88	$171,772	-$87,793
99213	***17,813***	***$97***	***$135***	***$1,734,806***	***-$663,380***
99214	35,093	$130	$192	$4,547,977	-$2,181,495
99215	7,312	$168	$245	$1,227,934	-$560,198
Total:	**75,863**			**$9,970,971**	**-$4,519,214**

APPENDIX C PAYMENTS TO PHYSICIAN ASSISTANTS 2014-2016

2014 APAC Fee for Service Payments to Physician Assistants

CPT Code	PA Visits	PA Mean	MD/DO Mean	PA Paid	PA Disparity
99201	786	$70	$78	$55,187	-$5,854
99202	1,288	$117	$132	$151,241	-$19,129
99203	***2,279***	***$179***	***$188***	***$408,330***	***-$19,508***
99204	1,199	$284	$276	$340,286	$8,953
99205	120	$359	$330	$43,070	$3,511
99211	235	$32	$52	$7,554	-$4,755
99212	2,735	$70	$81	$190,777	-$29,975
99213	***10,199***	***$117***	***$129***	***$1,195,871***	***-$116,398***
99214	4,173	$173	$180	$723,468	-$28,005
99215	387	$228	$226	$88,141	$766
Total:	**23,401**			**$3,203,925**	**-$210,395**

2015 APAC Fee for Service Payments to Physician Assistants

CPT Code	PA Visits	PA Mean	MD/DO Mean	PA Paid	PA Disparity
99201	605	$70	$79	$42,559	-$5,151
99202	1,409	$123	$137	$173,427	-$19,472
99203	***2,992***	***$186***	***$192***	***$556,902***	***-$16,985***
99204	1,591	$303	$283	$481,907	$31,059
99205	172	$341	$339	$58,735	$509
99211	90	$32	$55	$2,847	-$2,113
99212	2,287	$71	$84	$162,358	-$29,702
99213	***9,914***	***$121***	***$132***	***$1,195,960***	***-$108,514***
99214	5,404	$172	$185	$929,394	-$70,029
99215	331	$224	$232	$74,071	-$2,842
Total:	**24,795**			**$3,678,161**	**-$223,241**

2016 APAC Fee for Service Payments to Physician Assistants

CPT Code	PA Visits	PA Mean	MD/DO Mean	PA Paid	PA Disparity
99201	378	$73	$82	$27,514	-$3,520
99202	1,301	$128	$137	$166,500	-$11,904
99203	***2,835***	***$186***	***$196***	***$527,943***	***-$27,579***
99204	1,478	$311	$295	$459,332	$23,855
99205	284	$371	$352	$105,422	$5,361
99211	79	$69	$59	$5,426	$772
99212	1,926	$73	$88	$140,587	-$29,280
99213	***8,104***	***$124***	***$135***	***$1,001,309***	***-$89,743***
99214	4,613	$183	$192	$844,369	-$40,225
99215	252	$236	$245	$59,430	-$2,196
Total:	**21,250**			**$3,337,832**	**-$174,459**

APPENDIX D PAYMENTS TO NURSE PRACTITIONERS 2014-2016

2014 APAC Fee for Service Payments to Nurse Practitioners

CPT Code	NP Visits	NP Mean	MD/DO Mean	NP Paid	NP Disparity
99201	334	$75	$78	$24,902	-$1,037
99202	2,373	$128	$132	$303,918	-$9,970
99203	***2,305***	***$190***	***$188***	***$438,429***	***$5,710***
99204	1,695	$245	$276	$416,016	-$52,383
99205	447	$293	$330	$131,064	-$16,296
99211	495	$44	$52	$21,927	-$4,000
99212	3,423	$100	$81	$343,941	$67,659
99213	***22,794***	***$132***	***$129***	***$3,016,779***	***$83,956***
99214	13,040	$158	$180	$2,064,566	-$283,674
99215	1,060	$204	$226	$215,767	-$23,553
Total:	**47,966**			**$6,977,309**	**-$233,589**

2015 APAC Fee for Service Payments to Nurse Practitioners

CPT Code	NP Visits	NP Mean	MD/DO Mean	NP Paid	NP Disparity
99201	312	$70	$79	$21,773	-$2,831
99202	3,260	$131	$137	$427,112	-$19,197
99203	***3,336***	***$185***	***$192***	***$618,296***	***-$21,573***
99204	1,948	$266	$283	$517,407	-$34,605
99205	527	$308	$339	$162,280	-$16,122
99211	434	$57	$55	$24,883	$964
99212	3,488	$92	$84	$320,747	$27,829
99213	***25,886***	***$132***	***$132***	***$3,423,236***	***$17,181***
99214	15,213	$167	$185	$2,544,869	-$268,644
99215	1,288	$210	$232	$270,746	-$28,541
Total:	**55,692**			**$8,331,350**	**-$345,541**

2016 APAC Fee for Service Payments to NP

CPT Code	NP Visits	NP Mean	MD/DO Mean	NP Paid	NP Disparity
99201	310	$69	$82	$21,260	-$4,192
99202	3,089	$131	$137	$405,384	-$18,205
99203	***4,640***	***$185***	***$196***	***$859,118***	***-$50,098***
99204	2,200	$279	$295	$613,338	-$34,868
99205	564	$325	$352	$183,076	-$15,637
99211	613	$78	$59	$48,045	$11,935
99212	3,709	$94	$88	$349,903	$22,779
99213	***28,497***	***$139***	***$135***	***$3,961,842***	***$125,255***
99214	17,371	$175	$192	$3,044,605	-$286,477
99215	1,163	$228	$245	$264,719	-$19,690
Total:	**62,156**			**$9,751,289**	**-$269,196**

APPENDIX E Top 25 Commercial Health Insurer Enrollment January 2018[24]

Commercial Insurer	Enrollment 1/1/2018	Market Share
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	328,536	28.5%
PROVIDENCE HEALTH PLAN	246,565	21.4%
REGENCE BLUECROSS BLUESHIELD OF OREGON	179,468	15.6%
MODA HEALTH PLAN, INC.	172,148	14.9%
PACIFIC SOURCE HEALTH PLANS	86,070	7.5%
UNITED HEALTHCARE INSURANCE COMPANY	53,032	4.6%
HEALTH NET HEALTH PLAN OF OREGON, INC.	25,012	2.2%
CIGNA HEALTH AND LIFE INSURANCE COMPANY	15,796	1.4%
AETNA LIFE INSURANCE COMPANY	15,102	1.3%
UNITED STATES FIRE INSURANCE COMPANY	10,435	0.9%
SAMARITAN HEALTH PLANS, INC.	7,564	0.7%
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	4,262	0.4%
PIONEER EDUCATORS HEALTH TRUST	2,026	0.2%
WESTERN GROCERS EMPLOYEE BENEFITS TRUST	1,361	0.1%
BRIDGESPAN HEALTH COMPANY	1,105	0.1%
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY	1,062	0.1%
TIMBER PRODUCTS MANUFACTURERS TRUST	745	0.1%
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	685	0.1%
UNITED AMERICAN INSURANCE COMPANY	597	0.1%
RELIANCE STANDARD LIFE INSURANCE COMPANY	594	0.1%
UNITEDHEALTHCARE OF OREGON, INC.	471	0.0%
NIPPON LIFE INSURANCE COMPANY OF AMERICA	230	0.0%
BROKERAGE CONCEPTS INC	152	0.0%
HUMANA HEALTH PLAN INC	97	0.0%

[24] Oregon Division of Financial Regulation. 2018 Quarterly Enrollment Report. Retrieved July 9, 2018, from https://tinyurl.com/ycsjys4n

APPENDIX F COMMON PROCEDURAL TERMINOLOGY
CPT 99201-99205, 99211-99215 Definitions[25]

New Patient
A patient never before seen in the practice/specialty OR not seen by you or one of your partners of the same specialty in more than 3 YEARS.

CPT 99201: Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

99202: requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

CPT 99203: requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to- face with the patient and/or family.

CPT 99204: requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

CPT 99205: which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

[25] Medicarepaymentandreimbursement.com. Medicare Fee, Payment, Procedure Code, ICD, Denial. Retrieved 7/10/2018 from https://tinyurl.com/y8ghha5a

Established Patient

CPT 99212: requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

CPT 99213: requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

CPT 99214: requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

CPT 99215: requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.