



## Corporate Medical Policy

### Retainer Practices

**File Name:** retainer\_practices  
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#### Description

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A Retainer Practice is a provider practice model whereby patients pre-pay a fixed yearly or monthly fee for various services, which might include: comprehensive primary care and/or “add-on” components such as: immediate 24/7 access to the physician, prolonged visits, telephone and email contact, physician accompaniment to specialist appointments (thus the name “concierge practice”).

In addition to primary care visits, services often cited as provided under the retainer fee may include:

- 24/7 physician access by cell phone or pager
- Immediate appointment access
- No wait time in office
- Care coordination between specialists, including referral coordination
- E-mail and telephone communication
- Form completion (school, camp, employment, disability, etc.)
- Extended office visits
- “Executive physicals” (comprehensive exams that often include additional screening tests that are not recommended based on age/risk factors in evidence-based practice guidelines like U.S. Preventative Services Task Force)
- Wellness programs and nutritional counseling, risk appraisals and wellness plans
- Weight management
- House calls or place of business call
- Newsletters
- Physician escorts to specialists or hospitals

#### Principles regarding Retainer Practices

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BCBSNC will permit retainer practices to participate in our provider networks if the following requirements are met:

1. Retainer fee must be voluntary for members.
2. Services provided under the retainer fee must be clearly separate and distinct from covered services under BCBSNC member contracts.

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3. Non-retainer patients must not be discriminated from retainer patients with regard to reasonable access to appointments and after-hours coverage (as per BCBSNC access and coverage policies).
4. Non-retainer patients must not be discriminated from retainer patients with regard to quality or comprehensiveness of care services. Patients who would benefit from appropriate preventative care or wellness counseling should receive those services within the context of usual covered office visits, written hand-outs, nurse counseling, etc.
5. Non-retainer patients should not be charged for copies of medical records, no-shows, completion of forms, phone or E-mail contact UNLESS the practice has standard office charges for these services and patients are notified in advance in writing of these charges. As a value added service it is permissible for retainer practices to offer these additional services at no charge to retainer patients under their pre-paid fees.
6. The following services are considered part of patient management for established patients within a practice and cannot be considered to be “added value” services under the concierge fee:
  - Referrals to specialists, appropriate coordination of care with specialists and/or for hospital admissions
  - Refills or prescription changes
  - Pre-authorizations
  - Routine preventative care
  - Wellness, nutrition, and weight management counseling if offered in the context of a physician office visit, or by nutritionists when covered under BCBSNC member benefits
  - Extended office visits for the purpose of providing wellness counseling, when medically appropriate for a particular patient
  - Timely reporting of lab, imaging, and other test results
  - Same day appointments when medically indicated
  - Other alternative visit channels if covered by BCBSNC
7. Practices who wish to change from a traditional practice model to a retainer practice, and already participate in BCBSNC networks, must notify BCBSNC 120 days prior to any planned change. BCBSNC will evaluate the services offered under the retainer relationship for compliance with the above policy, communication planned to existing patients being seen within the practice, the retainer contract, and validate if the fee will be voluntary for BCBSNC members. If the practice meets all requirements for continued participation, BCBSNC will notify impacted members of their rights with regard to continuing care within this practice, and the voluntary nature of the fee. If the practice does not meet continued participation requirements, it will be allowed to voluntarily withdraw from BCBSNC networks (with 90 days notice) and will be considered in violation of their BCBSNC contract if they require payment of any additional fees for BCBSNC members during that period of time.
8. The same requirements must be met by de-novo retainer practices, except that these requirements will be ascertained for any new practice wishing to join the BCBSNC network before contracting is performed.
9. Retainer practices that are permitted to remain within the BCBSNC network will be indicated as such within the BCBSNC online Provider Directory, with active links to the member information about retainer practice and patients rights in that regard.
10. All retainer practices must assure that they are compliant with any and all state and federal regulatory requirements that apply.

## Policy: Retainer Practices

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: no specific codes*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Implementation/Update Information

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09/28/09 New policy issued. BCBSNC has developed a set of principles for use regarding Retainer Practices.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.