
INTEGRATIVE CLINIC OF NORTH CAROLINA 2024 CARE OPTIONS

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Today's Program

- Why is IMC changing?
- What are the two options for 2024?
- Frequently Asked Questions
- Q & A Chat – please write your questions in the Chat Box at the bottom of your screen



Why is IMC Changing?

- **The practice is overburdened with unreimbursed services** such as portal messaging, lab order changes, pre-authorizations. Unfortunately, some patients take advantage of messaging Providers in lieu of scheduling a visit. Providers at IMC see patients all day, then answer portal messages in the evenings, over the weekends, during holidays and even while on vacation. We are advocating for better work/life balance for our Providers!
- Most patients want and need longer appointments to discuss their care, so IMC Providers only see 8 – 10 patients per day, whereas most internal medicine providers see 17-20 patients a day. Low-volume practices are not well-compensated by insurance companies. **Insurance plans continue to pay less and require more administrative work.**

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WHAT ARE THE TWO CARE OPTIONS FOR 2024?

Option #1: Pay-Per-Service

New Patient Visit = \$300

Established Patient Visit = \$250 (flat fee – not time-dependent)

- Eligible for payment through your FSA or HSA plan
- Free filing with Reimbursify if out-of-network benefits are available
- Requires a credit card on file

Visit fee includes:

- Visit summary in portal
- Lab data in portal
- Nurse Line communication

Option #1: Pay-Per-Service

Not included in visit fee:

- Portal messaging with staff or Providers
- Pre-authorizations \$25 (if outside of an office visit)
- Referrals \$25 (if outside of an office visit)
- Work/school notes \$25-\$50 (if outside of an office visit)
- FMLA Paperwork \$50 (if outside of an office visit)
- Changing lab orders \$25 (if outside of an office visit)

Option #2: Membership

Annual Fee – When Paid in 2023

- \$2400 if paid in one payment for 2024 by December 29, 2023
- \$2600 if paid in two \$1300 payments, one in December and one in June

Annual Fee – When Paid in 2024

- \$2700 if paid in one payment any time in 2024
- \$2800 if paid in two \$1400 payments, one at the start of the plan and one in 5 months

Membership Includes:

- 6-12 medically-necessary visits
- Portal messaging with staff and Providers
- Health Coaching - # of visits based on need
- Dedicated phone line
- 10% discount on all supplements

Option #2: Membership

Membership Includes:

- Pre-authorizations
- Referrals
- Changing lab orders
- Work/school notes
- FMLA Paperwork
- FSA and HSA eligible (check your plan)
- Reimbursify filing for individual visits if out-of-network benefits available

Option #2: Membership

Membership Includes:

- Five (5) Wellness Credits per month
- Credits roll over from month-to-month
- Used to pay for or reduce fees for:
 - Infusions
 - Red Light Therapy
 - Sauna
 - SoftWave Therapy
 - NES Energy Medicine

Which Plan is Right For Me?

Pay-Per-Service:

- Using IMC for primary care (note that IMC cannot be listed as your PCP as we are not contracted with insurance as of 1/1/2024)
- Fewer visits needed
- Is comfortable communicating with Provider through Nurse Line messages

Membership Plan:

- Working through chronic issues or new complex issues with extensive workup or time with provider needed
- Using now or interested in future use of wellness services such as infusions, red light, sauna, SoftWave, Energy Medicine and paying with Wellness Credits. Annual value of Wellness Credits = \$1500
- Feels most comfortable corresponding with Provider directly through portal messaging

FREQUENTLY ASKED QUESTIONS

Q: Will IMC offer shared memberships or family memberships? How about prorated memberships if patients are not in the state a portion of the year?

A: For 2024, we are not offering any discounted, shared, or prorated memberships. The number of visits included in the membership plan is meant to cover the needs for any medical necessity, whether for chronic issues or acute issues. The fee is meant to cover high-quality, comprehensive care, which will be a little different for each patient.

Q: How will patients with the Pay-Per-Service plan communicate with staff or their Provider? Will I have any access to the portal for communications, or will I have to make an appointment?

A: For patients that elect the pay-per-service option, communication with staff and Providers will be handled via the nurse line. You should not need an appointment for simple requests or questions. More extensive questions may require an appointment.

Q: How will I request prescription refills if I take the Pay-Per-Service plan and cannot message my provider?

A: Prescription refill requests should always be communicated to your pharmacy and the pharmacy will communicate with us. If you need a new prescription, patients electing the Pay-Per-Service plan will call the nurse line to request the prescription. Prescription refills will be filled if you have been seen within the time required. Some prescriptions only require you to be seen once a year if you're stable, others such as Hormone Replacement Therapy, require you to be seen every 3-6 months. The intervals for each medication type is listed on the website for patients to reference. You will find this information on the bottom of each page of the IMC website. Click on "Forms & Handouts", then choose "Guide to Prescription Refills & Appointments".

Q: How will I receive lab results if I take the Pay-Per-Service plan and cannot message my provider?

A: Your labs will be available in the portal and the provider will either ask the nurse to call you with results and prescription changes or will have you schedule a visit if the provider thinks a longer discussion is required.

Q: If I choose to do Pay-Per-Service in 2024, will I still be able to sign up for the Membership plan in 2025 and beyond? Or do you anticipate closing that opportunity because of limiting the number of patients that have enrolled by end of 2024?

A: There is certainly the possibility that we would not be taking any new patients in 2025, but I would expect that we would be able to accommodate existing patients wanting to migrate from Pay-Per-Service to membership if requested.

Q: Do we need to let the Provider know in advance what care plan option we choose?

A: You do not need to let us know of your choice. If you do not elect the membership plan, the next time you call for a visit your account will be updated to reflect that you have the Pay-Per-Service plan and will pre-pay \$250 for your visit. You can, however, elect the membership plan at any time during the year and your plan will be good for 12 months. The least the membership plan will cost for 2024 will be opting for the Early Bird Special and paying for 2024 by December 29, 2023.

Q: How does Reimbursify work?

A: If you have out-of-network benefits, you will set up a free account with Reimbursify and enter all your insurance information. When you have a visit, IMC will send the visit information to Reimbursify and they'll file the claim for you. If you do not have out-of-network benefits, you should not set up a Reimbursify account as there will be no reimbursement available to you. If you are not sure if you have out-of-network benefits, call the member phone number on the back of your insurance card and ask.

Q: How does Reimbursify work for patients with the membership option?

A: If you have out-of-network benefits, each visit can be filed with your insurance, however the full membership cost is only reimbursable via FSA and HSA.

Q: Do I understand that Reimbursify will not work for Medicare patients?

A: When IMC opts out of Medicare for 2024, we agree not to bill and not to make it possible for patients to bill Medicare for our services. Because the practice is opting out of all Medicare plans, Medicare patients will need to sign a contract with IMC stating they will not attempt to file claims on their own to receive reimbursement from Original Medicare or any other Medicare plans, including Medicare PPO plans.

Q: If you do not take Medicare, will the Providers still be allowed to prescribe medications and order tests?

A: There is a special designation for Providers who are not participating in the Medicare program that will allow IMC to continue to prescribe, order and refer, so this will not change.

Q: Will lab work also be cash pay?

A: Lab work, imaging/radiology services and prescriptions will still be covered by your insurance plan according to the terms of your plan. IMC will not be accepting insurance for any services at IMC, but your insurance can be used for services outside of IMC, such as lab tests.

Q: What if I want to take the membership plan, but cannot pay the fee all at one time? Can I make monthly payments?

A: We are not offering monthly payments. The options are one payment at the start of the plan, or two payments, one at the beginning of the plan and a second payment at the 6-month point. We are partnering with Care Credit medical credit card to offer patients 12-month no-interest financing for balances over \$200. Patients can apply on their own or can make an appointment with me in December to sign up. Note that the Care Credit medical credit card requires a FICO score of 650 or higher.

Q: How will the Wellness Credits work?

A: Every month, Members will get 5 Wellness Credits in their IMC Bank. Patients can use the Wellness Credits to pay for any of our cash services (Infusions, Sauna, Redlight, SoftWave, or NES Energy Medicine), or they can let the credits build up to pay for those services at any time. Wellness Credits will expire at the end of the calendar year, or your membership year (12 months). Wellness Credits must be used solely by the member, cannot be gifted to anyone else. Although the service value of Wellness Credits is \$1500, the credits have no cash value if unused by the end of the 12 months.

Q: Are telemedicine visits and in-person visits both available regardless of what plan I choose?

A: Yes, all patients may schedule in-person or telemedicine visits, as long as each patient has at least one in-person visit per year. Note that some medication prescriptions will require you to have visits and/or lab tests on a quarterly or semi-annual basis to make sure the medication is safe for you and at the right dosage. The intervals for each medication type is listed on the website for patients to reference. You will find this information on the bottom of each page of the IMC website. Click on “Forms & Handouts”, then choose “Guide to Prescription Refills & Appointments”.

Q: Will patients with the Membership Plan have to pay for late cancellations and no-shows?

A: Yes. With so few appointments every day, when a patient late cancels or no-shows, that means another patient could have been seen, but was not given the chance to come in for an appointment. Patients are required to notify us 48 hours in advance that they are not able to keep the appointment or will be billed \$100 for the late cancellation. If you cannot come for an in-person visit, we encourage you to change your appointment to telemedicine. Keep in mind that patients must be seen in-person at least once per year.

Q: Are Vitamin-B12 and Vitamin-D injections included with the Membership Plan?

A: No, they are not – they are a cash-only service. Vitamin B-12 shots can be filed through Reimbursify with the visit to those patients with insurance plans that have out-of-network benefits. To the best of our knowledge, no insurance plan covers Vitamin-D shots.

Q: Is Low Dose Allergy (LDA) treatment included in the membership plan?

A: Low Dose Allergy treatment is not included in the membership plan. It is a cash service and costs \$250 for an LDA consultation for existing IMC patients, \$300 for an LDA consultation for new IMC patients and \$250 for each LDA injection.

Q: How many health coaching visits does a Membership patient receive during a year?

A: The number of health coaching visits will depend on the goals you set and the need for follow-up. The Health Coach will determine how often you need to meet with her. Coaching visits can be in-person or telemedicine.

Q: Is there an insurance plan for non-Medicare age patients that is best suited to receiving care at IMC in 2024?

A: For many patients, a high-deductible plan with a Health Savings Account and out-of-network benefits will be advantageous, however, we are not insurance agents! Non-Medicare patients should contact a trusted insurance agent to discuss options, and Medicare patients can contact the NC Senior Health Insurance Program (SHIP) for help by calling 855-408-1212.



LIVE Q & A

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**A RECORDING OF THIS
PROGRAM WILL BE AVAILABLE
ON THE IMC WEBSITE BY THE
END OF THE WEEK!**

www.imcnorthcarolina.com

Thank you!