

Payment Policy | Fee-Based (also known as Concierge) Primary Care Network Providers



EFFECTIVE DATE: 07/01/2006

POLICY LAST UPDATED: 01/01/2027

OVERVIEW

A fee-based primary care network provider (also known as a concierge, boutique, or retainer practice) is a primary care practice for which the patient pays an additional fee or retainer as a condition of obtaining or maintaining access to the provider or practice. If the practice charges a fee of any sort or level to access the practice, it meets the definition of a fee based primary care provider. BCBSRI acknowledges a member's choice to receive services from a fee-based primary care practice and will allow fee-based primary care providers to participate in the plan's provider network, assuming they meet all of BCBSRI's standard network credentialing and contracting requirements and follow all of BCBSRI participation requirements.

Some fee-based providers have an option to receive services at the practice with no fee required. Providers who charge fees for services beyond those covered by BCBSRI, and warrant that the fees are strictly voluntary are considered fee-based providers. Practices must agree to and comply with the following conditions, and must provide notice of these conditions in writing to the member, before acceptance into the program:

1. The providers must make it clear that no fee, charge or payment of any kind is required of a member in order to become and/or remain a patient attributed to the primary care physician or medical practice (other than the payment of ordinary deductibles, co-pays and co-insurance under the member's BCBSRI Subscriber Agreement);
2. There must be no differences in the treatment, quality or comprehensiveness of care, access to appointments or provider services, responsiveness, engagement, communications, provided to Subscribers who do not pay the fee compared to those who elect to pay the fee; and
3. The provider has established office procedures and processes in such a way that a member could not misconstrue a voluntary fee as a condition of obtaining or maintaining access to the provider or practice.

The provider must also recognize and agree that BCBSRI maintains the right to audit compliance with these assurances, which may include a survey of the provider and medical practice's patients who are BCBSRI members. This provision is not required to be in writing between the primary care physician and the patient.

If BCBSRI determines that any provider or medical practice has not abided by the requirements in this Policy, the provider/medical practice will be subject to corrective action, up to and including termination from the BCBSRI network.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Retainer/access fees, whether they are required or voluntary, are not covered by BCBSRI. Network providers may not apply retainer/access fees towards services that are covered under the member's benefit plan, nor should BCBSRI be billed for any such fees. Claims for all Covered Health Services shall be submitted, and

provider shall only be able to collect applicable copayments, coinsurance, or deductibles as outlined in the member's benefit plan. Providers must adhere to all requirements of their participating provider agreement, including the Participating Practitioner Administrative Manual. Billing practices of practitioners will be monitored to ensure compliance with both their Physician Agreement, Administrative Policies, BCBSRI Policies and Procedures and the Subscriber Agreement.

Charging Medicare beneficiaries (including Medicare Advantage members) a retainer fee is allowed under Medicare statutes and regulations. Services by physicians who have opted out of Medicare are not covered for Medicare Advantage Plan members. Should a Medicare Advantage Plan member be charged a retainer fee it must be clearly communicated to the member what services are covered under the retainer fee and that the retainer fee is not covered by BCBSRI. BCBSRI requires a copy of all communication issued to a member in relation to the concierge, retainer or membership fee charged.

Commercial Products

BCBSRI will consider fee-based providers who have a designation of primary care provider (Internal Medicine, Family Medicine, and Pediatrics) and who meet all BCBSRI Credentialing Requirements as qualifying to participate in the network as a primary care practitioner.

Providers must identify themselves as fee-based providers upon initial application to become participating providers. Providers who are already participating in the BCBSRI network must provide 90-day prior written notice to BCBSRI detailing their intent to establish a fee-based practice, including details on whether they will be operating exclusively as a fee-based practice or a partial fee-based practice. This notice should be sent via email to ProviderRelations@bcbstri.org. The notification to BCBSRI should contain a copy of the planned communication to BCBSRI membership. Failure to provide 90-day prior written notice could result in termination from the BCBSRI network.

Providers who exclusively offer fee-based services or partial programs to all their patients must refer BCBSRI patients who do not wish to participate in the fee-based primary care program to another BCBSRI network provider. You may also refer members to BCBSRI customer service for assistance in obtaining a new primary care practitioner, as well as otherwise comply with Continuity of Care guidelines for members in active treatment as per the BCBSRI Participating Provider Manual.

BCBSRI will identify fee-based/concierge primary care providers, both full and partial, in our provider directories as required by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) Bulletin 2026-03 issued on September 21, 2026.

Identification of the provider as a fee-based/concierge practice in the BCBSRI network will be at the Type 1 NPI level, meaning a provider who is identified as fee-based will be considered fee-based across all of their NPI/Tax ID affiliations in our participating network.

Reimbursement/Value Based Programs:

Fee-based providers are subject to a distinct, standalone fee schedule that removes them as an eligible PCP for enhanced reimbursement per the OHIC Bulletin 2026-03 issued on September 21, 2026.

Effective January 1, 2027, fee-based primary care providers will be excluded from attribution and participation in any of BCBSRI's Value Based and Incentive programs including but not limited to Provider Quality Incentive Program (PQIP), infrastructure payments, PCP Capitation, Shared Savings/Globally Capitated agreements or other LAN Category II – IV APM models.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable physician services section.

BACKGROUND

A fee-based (also known as a concierge, boutique, or retainer practice) is one that charges a fee to access additional services. These additional services may include 24/7 direct access to the physician, enhanced coordination of referrals, extensive clinical work-ups, and personalized wellness plans that are not part of a typical physician's practice and are beyond the services required by BCBSRI of all primary care physicians.

In September 2026, OHIC issued Bulletin 2026-03, expressing concern that the fees required by fee-based practices created “barriers to access for beneficiaries[.]” The Bulletin further provided that the fee-based models “are inconsistent with Rhode Island’s primary care investment strategy[.]”

CODING

Not applicable

RELATED POLICIES

None

PUBLISHED

Provider Update, November 2026

Provider Update, September 2023

Provider Update, November 2022

Provider Update, May 2021

Provider Update, November/December 2018

Provider Update, May 2017

Provider Update, June 2016

Provider Update, July 2006

Provider Update, March 2008

REFERENCES

1. American Medical Association, Opinion 8.055 - Retainer Practices
<https://journalofethics.ama-assn.org/article/ama-code-medical-ethics-opinions-financial-incentives-and-conflicts-under-various-models-payment/2013-07>
2. MLN Matters Number SE0421, OIG Alert About Charging Extra for Covered Services
<https://oig.hhs.gov/documents/other-guidance/911/FA033104AssignViolationI.pdf>
3. United States Government Accountability Office, Report to Congressional Congress, Physician Services, ConciergeCareCharacteristics and Considerations for Medicare. <http://www.gao.gov/new.items/d05929.pdf>.
4. State of Rhode Island Office of the Health Insurance Commissioner (OHIC) Bulletin 2026-03 issued on September 21, 2026.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

