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Public Comment

1 message

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Tue, Sep 17, 2019 at 1:49 PM

To: "Centene-WellCareMerger@azahcccs.gov" <Centene-WellCareMerger@azahcccs.gov>

Having lived in Northern Arizona for over twenty five years, I care deeply about the well being of the community. Members served by AHCCCS plans are my neighbors and friends. I know from experience how important access to care is for members living in a rural area. A good plan, with member supports in place to guide members to the right type of provider and explain coverage to ensure the member understands how to obtain care is crucial to the health of a community.

As a healthcare attorney with a number of provider clients in Arizona, I have worked with Care1st as they onboarded the Northern region over the last year. Initially it was not an easy process. My relationship with payer plans is often adversarial. Many providers have been hesitant to contract with AHCCCS plans because they have to be able to financially stay in business. AHCCCS plan reimbursement is lower than commercial plans and due to restrictions placed on publicly contracted payers, it can be more difficult for providers to rely on timely reimbursement. Additionally, commercial plans provide high quality patient support and timely peer to peer reviews. An AHCCCS plan needs to provide services to members and providers that are on par with commercial plans in order to make it feasible for many providers to contract.

In my opinion, Care1st works hard to build strong relationships with providers. They have a responsive claims support system with relatively comprehensive peer to peer communication. When I contact CEO Scott Cummings about providers, facilities and ASC's who might be interested in contracting, he and his staff respond quickly and try to bring those providers into the network as quickly as possible. This expands the provider network and gives providers and members more choices for referring locally. A good provider network cuts down on members having to travel or be transported four hours or more in one direction to obtain care in the Phoenix area.

The recent changes in behavioral health reimbursement is a situation where the Care1st team worked with providers to understand fee for service documentation, claims and reimbursement. This could have been a disruptive process that caused behavioral health providers to drop AHCCCS plans, resulting in interrupted care for members. However, the efforts of Care1st made the process easier and reassured providers which helped maintain the relationships. Another example is evidenced by the efforts of the Care1st clinical team to perform peer to peer reviews quickly. Initially several providers had significant issues with denials for routine care. I spoke with Scott Cummings and he promptly organized a group call with multiple providers and several key Care1st clinical staff and issues were addressed and worked out quickly.

In reviewing the transition plan(s), it appears Centene is committed to maintaining current Care1st key staff and systems already in place. Further, I know there is a restriction regarding one plan being contracted in all three GSAs. While I understand the underlying justification, I believe a limited exception would be beneficial in this instance. Reorganizing with a different plan so soon after the last contracting cycle would not benefit members, providers or the community. For the reasons cited, I ask AHCCCS to approve the transition plan and to permit Care1st to complete the term of the current contract.

Sincerely,

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