

## We Get Letters & E-Mail

"... providers must opt out of the bad plans"

Dear Editor:

I just read your article on American Specialty Health Plans ( "Interview with the CEO of American Specialty Health Plans" in the March 6 issue). I am glad to have read this article. I was contacted by this company to be a panel provider in Texas. I have not yet completed the paperwork because I did not know about this company, and none of my friends knew anything about them. From the interview, it sounds as if I am better off not being a provider. It sounds as if the paperwork and time needed to counsel patients concerning the limitations of their "chiropractic benefits" would end up costing me more than I would gain. Making the patient a cash patient or not treating them seems to be the way to work this company.

We do have several "bad" contracts in our area that we are not participating with due to the bad reputation of "skimming" money off the top, slow pay, and/or unreasonable paperwork. We talk to our patients who have been transferred by the employer and to new patients about why we won't work with these people. We encourage them to scream loudly to the employer and the insurance carrier. We encourage each patient to use all the contacts at their disposal, including any media contacts, to make the lives of such carriers miserable.

We as providers must opt out of the bad plans and leave them with nobody on the panels. With empty panels, they have no one to live off of and will not be able to stay in business. I feel our state and national associations must be very aggressive in evaluation of these IPOs and managed care groups and inform the members to refrain from the panels. We have enough battles outside the ranks to have to fight some inside the ranks drilling holes in our water bucket.

*David Bradley,DC,CCRD*  
*Fort Worth, Texas*

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"I have never been more disgusted with a managed care network"

Dear Editor:

Many thanks to your undercover work regarding ASHP in the March 6, 2000 issue of DC. As a new former participating provider for ASHP, I have never been more disgusted with a managed care network in all my life. I especially like how Mr. DeVries shifted through the mysterious withhold amount issue. If Mr. DeVries now feels that the withhold amount was truly unfair, I offer him a challenge: send back all of the withhold amounts you took out of my ASHP patients over the past five years. This organization is nothing but an administrative nightmare.

Can you believe that I am still awaiting payment on two Cigna HMO patients I treated in September 1999? To say that a silent majority of providers are happy with ASHP is preposterous. The upper management at ASHP must be living on another planet! When I get a net

reimbursement rate of \$13.15 per ASHP patient, and I need \$38.69 to cover overhead expenditures, I am losing \$25.54 per ASHP patient! This is ludicrous!

I would also like Mr. Devries to disclose the other competitors' reimbursement rates. Mr. Devries, is \$13.15 per ASHP patient going to pay my student loan payment of \$1140.00 per month? What exactly are you doing to increase our reimbursement rate and decrease your profits?

The most annoying thing with this managed care plan is their lack of respect for providers. I have heard them boast on their web page a record profit of millions and millions of dollars, but did I see any increase in my reimbursement rates over the past five years? No! All I saw was a reduction in reimbursement and an increase in administrative expenditures (i.e., increased malpractice coverage, increased paperwork, etc.).

Take it from a former ASHP provider: Get out while you can. Perhaps if enough chiropractors said no, we could force them out of business. Managed care organizations like ASHP have a direct effect on the number of businesses that have gone bankrupt! ASHP is just an acronym for another s!@\$ health plan!

*Paul Beane,DC*  
*Tustin, California*

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