



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

July 24, 2014

The Honorable Marilyn Tavenner
Administrator
200 Independence Avenue, SW
Centers for Medicare and Medicaid Services
Washington, DC 20201

Dear Administrator Tavenner:

The American Academy of Family Physicians (AAFP) is very concerned about the disturbing disruption of care taking place in Tennessee as a result of recent actions implemented by UnitedHealthcare Community Plan. UHC Community Plan is one of 3 managed care organizations recognized by the state of Tennessee to offer benefits to the Medicaid population. In recent weeks UHC Community Plan has notified many beneficiaries that their current primary care physician will no longer be covered by their Medicaid managed care plan. As a result of these actions, patients are being forced to disrupt long-standing relationships with their family physicians without explanation or appeal.

In addition to losing their family physicians, patients are being asked to see physicians whose practices are not devoted to primary care and, in some cases, a physician who is not located in their community or county. This arbitrary alignment of physician networks is shortsighted and detrimental to quality patient care. As the agency overseeing the integrity of the Medicaid program, we feel compelled to alert you to our concerns with these practices and solicit your immediate intervention on behalf of Tennessee Medicaid beneficiaries.

This activity is not limited to Tennessee. The AAFP has evidence that thousands of patients, in multiple states, are being told that they must identify a new family physician in the next few months as a result of their physician being “dropped” from certain insurance products as a result of insurers “optimizing” their provider networks to better align resources. Many of these patients will have year’s long relationships with their family physicians terminated in the name of efficiency. While these actions are tremendously disruptive to a physician practice, we are most concerned with the disruption patients face as they are told to change primary care physicians without any input into the decision – not to mention the lack of an appeals process in many cases. These patients face intrusive disruptions in their care and an uncertain future as a result of these actions.

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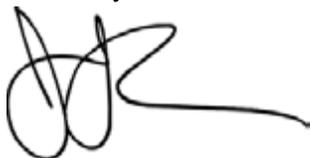
The AAFP is growing increasingly concerned with current practices being deployed by health insurance companies whereby they arbitrarily eliminate physicians from their network forcing patients to identify and secure the services of a new physician. This so-called “network optimization” is disruptive to patients and their physicians and, in our opinion, a violation of the core tenants of quality primary care.

While the practice of “network optimization” is not new, the disruptive manner in which it is being executed currently is deeply troubling to the patients, their family physicians, and the AAFP. Decades of peer-reviewed studies have shown that there are two factors that contribute to better health outcomes for individuals – health care coverage and having a usual source of care. We also know from research that patients that have a continuous and longitudinal relationship with a primary care physician have better health care outcomes at lower costs than those who do not have a continuous relationship with a primary care physician.

We recognize that insurers have a responsibility to align networks of physicians and hospitals to maintain affordable premiums while ensuring quality and efficiency. However, we feel that disruptions to the patient-primary care physician relationship such as those being implemented by UHC Community Care, are contrary to both of these goals. Primary care is relatively inexpensive as compared to specialty or hospital care. It also benefits from continuity and trusting relationships. We are baffled by the language used by insurers that support patients having a continuous relationship with a primary care physician and their actions which make this impossible.

We welcome the opportunity to discuss our concerns with you and your staff should your schedule permit. In the interim, we urge CMS to investigate the adequacy of networks for Medicaid beneficiaries in Tennessee and other states.

Sincerely,

A handwritten signature in black ink, appearing to read 'JC', with a long horizontal line extending to the right.

Jeffrey Cain, MD, FAAFP
Board Chair

C: Cindy Mann, JD, Director, Center for Medicaid and CHIP Services