

# ARIZONA STATE PHYSICIANS ASSOCIATION

Provider Letter of Intent Attachment

## NEW ASPA PARTNERSHIP CONTRACT Prospect Medical Systems      Effective July 1, 2021

### Background:

ASPA has entered into a contract with Prospect Medical Systems, a national IPA to allow our Members access to contracts which are value based, and ASPA does not have current access to. Providers will be able to choose which plans they want to participate in (Opt-In). Example of possible plans: SCAN; Cigna; Aetna; Bright Health; United and Wellcare.

Prospect Medical, a highly successful IPA, by leveraging best practices, and results-driven administrative services to manage patients under risk arrangements with health plans/CMS. They focus on helping doctors manage financial risk relationships with health plans to maximize the healthcare dollar. Founded more than 25 years ago, Prospect Medical has demonstrated its ability to responsibly and effectively manage healthcare costs without compromising quality of care. Leveraging healthcare risk expertise and administrative services, Prospect Medical can deliver value to your patients while ensuring that the healthcare services are delivered in the right setting, at the right time. Visit ProspectMedical.com for more information.

**Why participate with Prospect Medical in HMO contracts?**

- Continue practicing independent medicine
- Tap into new payment models, taking more risk from health plans
- Grow your practice
- Reduce office administrative work

Example of what Prospect will reimburse ASPA Providers directly as follows:

**PCP:** Tiered Per member, per month (PMPM) capitation

Monthly member enrollment between 1-50 = \$40.00 PMPM or enrollment 51+ = \$45.00 PMPM

**Specialist:** 90-100% of Medicare      **Urgent Care:** All-inclusive Case rate or 80-95% Medicare

**Radiology:** 85% of Medicare      **Physical Therapy/OT/Speech:** \$45-50 Case rate per visit

**Home Health; DME; Audiology; Nutrition:** 80% of Medicare

**Ambulatory Surgery Center:** 80% of Medicare ASC      **Orthotic & Prosthetics:** 65% of Medicare

**PLEASE NOTE:** This Letter of Intent **will not** opt you into any of the plans offered by Prospect. You will have the opportunity to opt in to a plan as they come up for offering. This Letter of Intent is to give Prospect an idea of what our network can offer.

Complete the information below for **each** provider and **fax to ASPA at 623-999-1055**. If you have any questions please call ASPA 602-265-2524, ext. 210. Please attach a current W-9 form.

**Yes** \_\_\_\_\_ I intend to Participate with **Prospect Medical plan contracts**

**No** \_\_\_\_\_ I do not want to Participate with Prospect Medical

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Specialty \_\_\_\_\_ Contact Email: \_\_\_\_\_

3030 N. Central Ave., Suite 1106, Phoenix, Arizona 85012      (602) 265-2524 **FAX: 623-999-1055**