



## COLLEGE of AMERICAN PATHOLOGISTS

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April 20, 2021

*Sent via email*

Linda Simmons  
Vice-President, National Lab Program  
UnitedHealth Networks, UnitedHealth Group  
linda\_m\_stewart@uhc.com

Dear Ms. Simmons:

On behalf of the College of American Pathologists (CAP), thank you speaking with us about your new Designated Diagnostic Provider (DDP) program. As the world's largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

We appreciate the candid conversations and helpful information regarding your efforts to ensure efficiency and quality for your members. As you know, the CAP is committed to improving patient care and addressing escalating health care costs. However, the DDP program is not an appropriate way to achieve these goals because of the burden and confusion created for pathologists and their patients, the lack of transparency, and – most importantly – the potential financial harm for your members. Specifically, subjecting patients to the full payment for services received at in-network, but non-DDP facilities, is counter to efforts to protect patients and eliminate surprise medical bills. **Therefore, we urge UnitedHealthcare to immediately and permanently cease implementation of the DDP program.**

The program, outlined on your website and reviewed in our meetings, requires laboratories to meet UnitedHealthcare-determined efficiency and quality requirements in order to become a DDP. Facilities that do not meet these requirements (non-DDP facilities) “will remain in network,” but UnitedHealthcare will not cover outpatient diagnostic laboratory services provided by these facilities, leaving patients “liable for charges.”

We realize that you hope to better engage your members, and that UnitedHealthcare has a “targeted outreach strategy in place” to help educate members, but we strongly believe patients will – understandably – assume their care is covered at any in-network facility and will be unaware they could receive a bill for in-network laboratory services. Even those patients who are diligent about seeking care from in-network facilities may find themselves with unanticipated bills. Similar confusion can be expected from ordering providers when making referrals. **This is the essence of our concern: the proposed program sets up a needlessly confusing situation by having providers who are nominally in your network (as explained to us) whose services will not be covered, which will (legitimately) be perceived as predisposing to the issuance of “surprise bills” to patients.**



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A “one-time exception” for services received at a non-DDP facility appears to acknowledge the confusing nature of the proposed program, but is not an adequate remedy to this kind of coverage failure. In fact, subjecting patients to unexpected charges for in-network care and requiring them to submit a burdensome appeal to reprocess claims, would functionally circumvent and contradict the bipartisan congressional intent to protect patients through passage of the No Surprises Act, which the CAP strongly supports. Patients want choice, convenience, and no surprises in all aspects of their care.

While the patient harm outlined above is reason enough to withdraw the DDP program, the onerous and non-transparent requirements placed on providers are a further concern. In addition to the actions needed to become a DDP, the requirements around efficiency and quality have not been clearly communicated to providers. We acknowledge UnitedHealthcare’s stated desire to work with all in-network facilities to ensure they become DPP, and importantly, we appreciate UnitedHealthcare’s recognition that laboratories from different settings should be evaluated differently for their efficiency. However, we continue to emphasize that it is crucial UnitedHealthcare meaningfully take into consideration the range of activities within pathology services and the variation of associated costs and resources across different settings, including hospital laboratories. As we discussed with you last month, outpatient pathology and laboratory services – including those provided at both freestanding and hospital locations – are critically important to ensure coordinated patient care.

Similarly, the additional requirements put forward by UnitedHealthcare in your Laboratory Test Registry Protocol would take significant time, resources, and education to implement, on top of the efficient and adequate CPT coding currently in use. The CAP strongly supports the continued use of the CPT code set as it is developed with broad stakeholder input and provides a uniform language that accurately describes medical, surgical, and diagnostic services provided by physicians and other qualified health care professionals. UnitedHealthcare’s assertion that additional test information is needed does not warrant the added burden and stress of test registration, nor the deviation from consistent, uniform, national coding practices. Again, as with the DDP program, such unnecessary changes risk interfering with the ability for a patient to receive timely and appropriate services.

Hindering access to pathology and laboratory services through confusing and burdensome programs negatively affects patients’ diagnosis, treatment, and outcome, all of which can translate to increased costs and decreased patient satisfaction down the road. Now more than ever, patients and their treating physicians are relying on the expertise of pathologists and the availability of appropriate testing. **Therefore, in addition to our concerns about the DDP, we continue to urge UnitedHealthcare to permanently cease implementation of the Laboratory Test Registry Protocol.**

Both the DDP and test registry protocol unnecessarily burden pathologists and result in potential adverse consequences for patients. With the DDP program in particular, the actions by UnitedHealthcare fail to adequately cover pathology and laboratory services, circumvent recent efforts to protect patients from surprise medical bills, and potentially shift medically necessary health care costs onto your members. It is imperative that pathology practices and



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laboratories remain accessible for patients across the country, especially as we continue to fight and recover from the COVID-19 public health emergency.

Elizabeth Fassbender, JD, Assistant Director, Economic and Regulatory Affairs, remains the contact person for further discussions. She can be reached at [efassbe@cap.org](mailto:efassbe@cap.org) or 608-469-8975. Thank you for engaging with us on these important issues.

Sincerely,

A handwritten signature in black ink that reads "Jonathan L. Myles".

Jonathan L. Myles, MD, FCAP  
Chair, Council on Government and Professional Affairs