COLLEGE of AMERICAN PATHOLOGISTS

The Adverse Impact of Insurance Interference

Patients expect insurers to pay for their medical care, not control it.

It should be up to the patient and their doctor—not corporations—to determine where diagnostic services occur, with the common goal of delivering the healthiest outcome. Unfortunately, private health insurers are increasingly interfering in patient-physician and physician-physician relationships. Insurer-imposed narrow networks, reduced reimbursement, "take it or leave it" contracts, and prior authorization ALL interfere with a patient's ability to receive timely and appropriate services.

What can we do?

RECOMMENDATIONS AT A GLANCE

- Require adequate networks that include hospital/facility-based physicians (anesthesiologist, hospitalist, pathologist, radiologist, and emergency room physician).
- Restrict in-network steering/tiering and prohibit economic/cost-only network criteria. Integrated care delivery should be strengthened in the best interests of the patient, not the insurers.
- Maintain physician-led team-based care. The best way to support high-quality care and lower costs is to keep physicians as the leaders of the health care team.
- Include regular monitoring/audits and meaningful enforcement. Requirements must include a mechanism by which providers and enrollees are able to file formal complaints with regulators about network adequacy.
- Increase antitrust scrutiny. A reversal of the trend toward consolidation in health insurance markets is needed to cut health care costs, improve outcomes, and increase the quality of care.

Download our report illustrating how insurers interfere with physician services and patient care at the local level.

Visit cap.org/interference or scan the QR code.