

UHC's Termination of Physicians in the Medicare Advantage Plan Questions & Answers

On October 10, 2013, MSNJ learned from a number of its members that they had received notices of termination without cause from the United Healthcare (UHC) Medicare Advantage network. At first, the complaints were from just a few physicians, but soon many members including entire group practices alerted us to their terminations. Since that time, MSNJ has been trying to ascertain the scope of the termination initiative and the reasons for it.

The following is a list of questions posed by MSNJ to United Healthcare on October 16, 2013 and the answers conveyed during a telephone conference on October 21, 2013.

Question: How many NJ physicians are being affected? (percentage of network?)

Answer: UHC does not have a number. The numbers are not currently available.

Question: How will these terminations impact network adequacy? For primary care as well as for access to specialists?

Answer: Network adequacy has been tested and re-tested. This has been vetted; there will be no access issue. There will be an adequate number of specialists to support the network.

Question: When will the termination initiative end? Can we expect that all of the termination letters have been received?

Answer: There is no end date. "This is a very liquid and evolving process."

Question: What is the criteria for termination? We assume that it may have been related to cost effectiveness.

Answer: UHC did not state that it was related to costs and does not have details on how physicians are chosen for termination.

Other information provided by UHC:

- It is no longer enough to boast on the size of a network, but rather the strength of the network.
- We are looking at the big picture and how to be ready for the future.
- We are looking at quality of care; how to meet the needs of the aging population.
- We are looking at practice readiness.
- We have to think outside of the box.
- We are looking at local market dynamics.
- Important factors: coordination of care; a greater commitment.
- Our goals are to measure quality, improve member experience, and reduce the cost trajectory.

Question: How will UHC assure continuity of care?

Answer: UHC did not respond to this question, though their response to our follow-up question was promising.

Question: Is UHC open to allowing physicians to stay in network for patients they are already treating (carve out for existing patients)?

Answer: UHC agreed to look at this issue and to get back to MSNJ with an answer.

Question: How will UHC assure that patients have the information that they need to make enrollment decisions; what if they patient choses to enroll or re-enroll based on the current published network and then finds that physicians on whom they counted are no longer in the network?

Answer: UHC stated that this was a good question. They agreed to look into this issue and to get back to MSNJ with an answer.

Question: How and when will patients be informed of the physician's termination?

Answer: UHC Member Communications will tell patients about the terminations. UHC first advised that patients will be told at the end of the appeal process.* UHC acknowledged that this could be after a patient already enrolled or re-enrolled based on physicians who are currently in the network. We asked for clarification since this conflicted with information from CMS.

On November 5, 2013 UHC advised that it is notifying affected UHC members and taking steps to help them transition to new physicians. **Members with recent claims for physicians leaving the network will receive a letter from UHC at least 30 days before the effective date of the termination with instructions to call the customer service number for more information. UHC currently estimates member mailings to take place in early November.** "Timelines are not yet final for member mailing dates, and are subject to change as data analysis is completed and information finalized."

MSNJ Note to Members: The timing of UHC communication with patients maybe as late as the end of the year according to the above information. That would be after the open enrollment period and too late for patients to make choices based on the network.

Question: Is this initiative limited to Medicare Advantage?

Answer: Right now, it is limited to Medicare Advantage, but UHC is looking at other products and may narrow networks in other products.

Question: Since UHC is picking and choosing which physicians may remain in certain UHC products, it seems that physicians should be able to do the same.

Answer: UHC acknowledged this concern and agreed to meet with MSNJ about this.

***On October 24, 2013 we asked for clarification from UHC on this answer. We have conflicting information from CMS, Region 9, as to when patients will be notified. CMS advised us on October 23, 2013 that it expected UHC to be sending letters to patients in early November. On November 5, 2013, in response to our requests, UHC provided updated information on patient communications. See above.**