

Providence doctor testifies at federal hearing on UnitedHealthcare's network contraction

BY MARY KORR
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RAYMOND H. WELCH, MD, a Providence dermatologist for almost three decades, testified January 22 at a federal hearing held in Hartford, Conn. It focused almost entirely on UnitedHealthcare's (UHC) termination of physicians from its Medicare Advantage (MA) provider network, which went into effect February 1.

Dr. Welch and an estimated one-third of Rhode Island physicians were cut; but he noted that a review of the list of UHC active Ocean State dermatologists "included a doctor who is dead. And one is me, under an old EIN

'...Doctors are not interchangeable widgets. There will be delays in diagnosis and treatment, and increased morbidity and suffering and possibly death for some of my patients.'

number and different address."

R.I. Sen. Sheldon Whitehouse, a member of the U.S. Senate Special Subcommittee on Aging, which held the field hearing, had invited Dr. Welch to speak. Among its charges,

Circuit court sends UHC, physicians to mediation

If mediation is unsuccessful, judges will render decision

NEW YORK, N.Y. – In December, the Hartford and Fairfield medical associations in Connecticut sued UnitedHealthcare (UHC) as a result of its actions in the termination of physicians from its Medicare Advantage (MA) network. The suit claimed the insurer violated federal laws by dropping the physicians without a stated reason and recourse to appeal the reasons for the decision.

In December, a state district court issued an injunction and temporary restraining order against UHC, which then appealed the decision. Initial oral arguments were heard Jan. 21 in the U.S. Court of Appeals for the Second Circuit in Manhattan before a three-judge panel.

On Jan. 23, the court ordered the groups to mediation this week, which is overseen by a court-appointed attorney. Typically mediation lasts a day and if a settlement or agreement is not reached, the three-judge panel will then issue a ruling, expected within a two-month period.

The Medical Society of New York also filed suit on Dec. 23. in the Eastern District Court of N.Y. "By terminating numerous physicians from the . . . network, United seeks to stem financial losses occasioned by reduced federal payments under the Affordable Care Act," the suit claims. It is in abeyance until a decision is made in the Connecticut case.

At the U.S. Special Subcommittee on Aging hearing held in Hartford on Feb. 22, Connecticut's Sen. Richard Blumenthal, a subcommittee member who presided over the hearing, didn't mince words on UnitedHealthcare's (UHC) actions, which resulted in several thousand Connecticut physicians jettisoned from the UHC MA provider list.

"It is an outrageous abuse and should not be permitted. It is unacceptable and unjustifiable in terms of the doctors and probably illegal under present law," he said, "but if we need to change the law we will," he said.

— Mary Korr



GINA WELCH

Dr. Raymond H. Welch prepares to testify at a U.S. Senate subcommittee hearing on UnitedHealthcare's dismissal of physicians from its Medicare Advantage provider network held January 22 in Connecticut.

the subcommittee studies issues and makes recommendations related to Medicare and Social Security.

"You would think a high-value network would be able to pick up the deadness of a doctor," Whitehouse later observed, after an insurance trade association's legal counsel (not speaking for UHC) emphasized the industry's commitment to building "high-value" networks; this remark was questioned in this particular case by two physicians on the panel of witnesses.

In a subsequent interview with the *Rhode Island Medical Journal*, Dr. Welch described some of his patients as veterans of World War II, and the Korean and Vietnam wars. "In fact, of our 120 affected patients, over 90% have had skin cancers or pre-cancers. Almost 10% of our patients with UHC's Medicare Advantage plan are 89 years old or older," he said.

One such patient of his is an elderly man with a heart-transplant who has had more than 140 pre-cancerous and cancerous lesions removed as a result of the immuno-therapy he is on. "These are patients that need our continuity of care. But, of course, skin cancer care incurs higher costs," Dr. Welch said.



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Appeals' process

When Dr. Welch queried UHC on the metrics it used to determine the cuts, he was informed that was considered “proprietary” information. “Our ‘appeal’ was held via a conference call with a UHC moderator and two of its medical directors. The only question under discussion was: ‘Did I feel we were properly and legally notified?’ I said no.”

He questions UHC’s stated reasons – that the contraction of the network was to “create a more focused network to allow UHC to work more closely with providers to improve outcomes and, ultimately, lower costs.”

Dr. Welch said no avenue has been provided to refute the implied statement that doctors are not providing high quality, cost-effective care for their patient population. “UHC has not improved quality by reducing one-third of the dermatologists, as well as other subspecialists, in its Rhode Island network. For patients who need to find new doctors, there is a significant loss in continuity of care. I know these patients and their cancer history. Doctors are not interchangeable widgets. There will be delays in diagnosis and treatment, and increased morbidity and suffering and possibly death for some of my patients.”

Where does this leave his patients? Dr. Welch said the State of Rhode Island was able to negotiate an out-of-network benefit for retirees to allow them to continue to see the terminated providers, if the providers are willing to accept an out-of-network fee schedule. He also noted that about half of the remaining patients have switched their insurance to other carriers rather than lose their doctors. Others have switched to the traditional Medicare A/B plans with Medigap or supplemental insurance.

And then there are those who are bound by their retirement plan to remain with UHC MA who may have to wait longer for appointments with new physicians, or may be unable to find ones accepting new patients.

“Some of advanced years may give up trying to find another doctor. This is truly unacceptable. I cannot believe that the government ever thought that giving Medicare Advantage plan contracts to publicly-held corporations would result in a limitation of access to care,” Dr. Welch said.

He ended his testimony at the hearing by stating: “I have dedicated my life to serving and caring for my patients in accordance with the Oath I professed 33 years ago. In that oath, I vowed:

That above all else I will serve the highest interests of my patients through the practice of my science and my art;

That I will be an advocate for patients in need and strive for justice in the care of the sick.

“This is why I am here today and I hope that you will join me in protecting and advocating for these Medicare patients.”

Sen. Whitehouse summed up the hearing by stating that UHC’s actions was a consumer-protection problem because it placed the burden on the sickest and most vulnerable patients. He likened it to “Medicare gamesmanship.”

The MA program, he said, was supposed to “compete head-to-head with Medicare and was being paid 14 percent more than the traditional plan.” The Affordable Care Act (ACA), he said, eliminates that premium and “may enhance the incentive by insurers to ‘cherry-pick’ patients,” which amounts to “privatizing profits and socializing costs.” He said UHC’s actions raise a “flag of suspicion.”

Sens. Whitehouse and Richard Blumenthal (CT) called for greater oversight of the plans by CMS. “If CMS does not have the resources to do this, we need to address that,” Blumenthal said.

UHC declined an invitation to participate in the hearing; however, a UHC representative was in the audience, according to a news report in the *Hartford Courant*. ❖