CMA Survey Shows Strong Physician Opposition to Health Insurer Market Consolidation

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Proposed mergers of the some of the largest national health insurers have been announced, against the backdrop of an already highly concentrated commercial health insurance market. With Aetna's proposal to acquire Humana for $37 billion and Anthem's proposal to acquire Cigna for $48.4 billion, the "big five" health insurers will become the "big three."

The California Medical Association has long been concerned with the consolidation of health plans and health insurers and the reduction of competition. Physicians across the country have serious concerns with the proposed mergers' impact on patients in terms of health care access, quality and affordability.

A recent American Medical Association (AMA) analysis of data from the 2015 update to its "Competition in Health Insurance: A comprehensive study of U.S. markets," demonstrates that an Anthem-Cigna merger would be "presumed likely to enhance market power" in the combined HMO+PPO+POS commercial markets in 10 of the 14 states in which Anthem is licensed to provide commercial coverage. In California, the report identified nine metropolitan statistical areas (MSAs) where the Anthem-Cigna merger will be "presumed likely to enhance market power" and six MSAs where the merger "potentially raises significant competitive concerns." Click here to see the map and here to see CMA's letter to DMHC opposing the Anthem-Cigna merger.

Accordingly, CMA, in collaboration with the AMA, conducted a survey to gauge California physicians' perspective on the Anthem-Cigna and Aetna-Humana mergers, and gather data on how physicians currently negotiate with insurance companies. In a brief period of time, CMA received one of the highest response rates for such a survey with 989 physician practices responding to the survey.

The survey results suggest that physicians overwhelmingly oppose the mergers. They believe that the mergers would give insurers more influence over physicians' clinical and business practices and would force physicians to cut costs, resulting in a significant degradation of their ability to provide the care patients value and need. The results also indicate that physicians do not believe that the mergers are necessary to gain efficiencies—as insurers claim—in areas such as innovative payment programs and care management strategies that will benefit patients.

Survey Summary

The survey gathered data electronically over a period of 13 days from 989 practices representing physicians across a vast range of specialties and practice sizes in 47 different California counties.

Physicians reject the proposed mergers

- Eighty-five percent of physicians strongly or somewhat oppose the merger of Anthem and Cigna; while 83 percent felt the same with regards to the Aetna and Humana merger.

- Most respondents believe the Aetna-Humana (76 percent) and Anthem-Cigna (83 percent) mergers would make the contracting negotiation process less favorable.

- Currently, almost one-third of practices report difficulty finding available in-network physicians who accept new patients from these four payors and 44 percent of practices experience problems with formulary limitations that prevent optimal treatment.

Negative consequences if the mergers are approved

- Eighty-two percent believe the Anthem-Cigna merger is very or somewhat likely to lead to narrower physician networks, which will reduce access to patient care; while 78 percent feel the same with regards to the Aetna-Humana merger.

- More than 75 percent of physicians believe they will be pressured not to engage in aggressive patient advocacy if either of the mergers are approved.

- Almost 90 percent of respondents believe that it is either very likely or somewhat likely that reimbursement rates will decrease and the result will be a reduction in the quality and quantity of services physician can provide to their patients.

- Eighty-three percent of physicians report they disagreed or strongly disagreed that the mergers are necessary to gain efficiencies.

- Eighty-four percent of respondents believe that if the mergers are approved, insurers will have even more influence over physician practices and they will be forced to cut costs, which will result in a significant degradation of their ability to provide the care that patients value and need.

- Physicians report if the mergers are approved and the doctor does not continue to have a contract with the merged plan(s) they would be forced to cut staff and salaries, reduce investment in practice infrastructure, spend less time with patients, cut quality initiatives, close their practice and/or retire.

- If the insurance mergers proceed and decision-makers decided not to contract with the merged health plan, the following consequences were reported:

If Aetna-Humana merged:

- 12% would retire from active practice
- 9% would need to close their practice
- 6% would move their practice to a more competitive reimbursement market
- 32% would cut investments in practice infrastructure
- 37% would cut or reduce staff salaries
- 30% would have to spend less time with patients
- 24% would cut quality initiatives or patient services

If Anthem-Cigna merged:

- 13% would retire from active practice
- 15% would need to close their practice
- 8% would move their practice to a more competitive reimbursement market
- 31% would cut investments in practice infrastructure
- 40% would cut or reduce staff salaries
- 43% would have to spend less time with patients
- 27% would cut quality initiatives or patient services

Current market power of commercial insurers over physicians

- Fifty-four percent of respondents felt that they *had to* contract with Aetna in order to have a financially viable practice; nearly 30 percent felt that way with respect to Humana. Seventy-one percent felt that they *had to* contract with Anthem and 47 percent felt that way with respect to Cigna. When asked why commercial insurers were essential to the financial viability of their practices, responses clustered into the following categories:
  - High market shares of insurers
  - Volume of and access to patients
  - To offset losses from government health plans

- Only 10 percent of respondents said that they could turn away from a commercial insurer and recover lost revenue by treating more Medicare or Medi-Cal patients

- Thirty-two percent of respondents who are contracted with Anthem reported difficulty finding available in-network physicians who accepted new patients for referrals. Twenty-six percent of respondents who are contracted with Cigna reported similar experiences.

- Fifty-three percent of respondents who are contracted with Anthem encountered formulary limitations which prevented a patient's optimal treatment. Forty-two percent of respondents who are contracted with Cigna reported similar experiences.

- Respondents encountered challenges with the adequacy of provider networks including:
  - Limited choices for facilities contracted under a plan
  - Prior authorizations and narrow networks

- Sixty-six percent and 45 percent of practice decision-makers[1] who are contracted with Anthem and Cigna, respectively, reported that contracts were "take-it-or-leave-it" offers. Fifty-eight percent of practice decision-makers had seen an "all-products" clause in an offered health plan.

- Forty-one percent of decision-makers were offered a single contract for different types of plans; 20 percent were offered separate contracts with different terms for different types of offered plans.

- Twenty-three percent of decision-makers were paid the same fees across different types of plans offered; 45 percent were offered different fees for different plans.

[1] A "decision-maker" is a respondent who reported that they were the primary decision maker or one of a group of decision makers in their practice. In this survey, the total number of decision-makers was 367.

Detailed Survey Results

Introduction

1. Please indicate your type of practice:

Employee in a small to medium sized single or multi-specialty practice	5.6%
Employee in a large single or multi-specialty practice	5.6%
Employee of a private hospital	0.9%
Employee of a public hospital	0.7%
Employee of an integrated health delivery system (e.g., Kaiser)	3.0%
Employee of a teaching hospital/Academic center	3.9%
Government/military employee	2.0%
Administrative	2.6%
Resident/Fellow	1.8%
Medical student	1.0%
Retired	5.0%
Other (please specify)	3.5%

2. Which of the following types of insurance do you or your employer currently contract with? (Check all that apply.)

Commercial insurance	86.4%
Fee for Service Medicare	71.8%
Medicare Advantage	56.0%
Medi-Cal	52.5%
Not sure	3.4%
Other	13.5%

3. Which of the following insurers do you or your employer currently contract with? (Check all that apply.)

Aetna	78.0%
Anthem	84.5%
Cigna	74.8%
Humana	49.8%
Kaiser Permanente	13.9%
United Healthcare	75.7%
Tricare/military	59.8%
Not sure	6.8%
Other commercial plan	20.8%

Experience with Commercial Payers

4. Approximately what percentage of your practice revenues are derived from the following?

	Aetna	Anthem	Cigna	Humana	United Healthcare
0-10%	71.9%	32.6%	80.6%	90.3%	60.0%
11-25%	26.0%	39.0%	18.0%	8.4%	32.0%
26-49%	1.0%	19.6%	1.0%	0.9%	6.0%
50-75%	1.0%	7.1%	0.2%	0.2%	1.0%
76-100%	1.0%	1.7%	0.2%	0.2%	1.0%

5. Do you feel that you must contract with one or more of the following commercial insurers in order to have a financially-viable practice? (Check all that apply.)

Aetna	53.5%
Anthem	70.8%
Cigna	47.1%
Humana	29.5%
United Healthcare	53.8%
Other commercial plan	34.0%
None of these	10.7%
Not sure	16.2%

6. What makes these insurers essential to your financial viability?

Comments (sample)

- Patients choose providers who are listed in their network. It's a financial decision for them as well.
- They control the market. If you are not part of their PPO network, patients will go to a provider who is part of their network
- We would go out of business without Anthem and UHC
- They have large market share
- The physicians who refer to me contract with them
- The majority of patients in my area have one of these insurance carriers
- We care for a large number of patients with urgent trauma related problems. We need to be contracted with these insurers in order to expedite their care
- They insure a significant number of locals and I depend upon their referrals, especially Anthem Blue Cross
- Retain current patients
- Most patients have these insurances
- The majority of the patients that present to the office are insured by these big 4 payers
- BC & BS comprise 95% of commercial business in my area and are the only Covered California plans
- We would lose sufficient business that we could not meet payroll and cover other expenses
- Blue Cross and Blue Shield have the most lives in the Fresno area through direct contracts and network leasing agreements
- Without them, not enough patients to be financially viable
- We try to accept as many insurers as possible to accommodate our hospital mix of patients
- They are big and have multiple affiliations with other insurers- not signing with one takes me off multiple insurers
- Every patient counts
- Viability of my practice

- 80% of covered lives in our area are covered by Anthem Blue Cross
- I am forced to contract with them because of their large market share despite the fact that they refuse to negotiate their inadequate payments to physicians
- The hospital I take call with is contracted with these companies
- Helps balance the budget with our large Medi-Cal, underinsured, uninsured population

7. Do you agree or disagree with this statement: If you are unhappy with fees from an insurer, you can choose to turn away from that insurer and recover the lost revenue by treating more Medicare and Medi-Cal patients.

Strongly agree	3.9%
Somewhat agree	6.5%
Neither agree nor disagree	6.1%
Somewhat disagree	13.6%
Strongly disagree	**68.8%**
Not sure	1.0%

Narrow Networks

8. If you are contracted with Aetna, Anthem, Cigna or Humana, please indicate with respect to each whether you have encountered any of the following (Check all that apply):

	Difficulty finding available in-network physicians who accept new patients for referrals	Formulary limitations which prevent optimal treatment	N/A or not sure
Aetna	27%	45%	48%
Anthem	32%	53%	38%
Cigna	27%	42%	50%
Humana	23%	36%	58%

9. Have you encountered other challenges regarding the adequacy of provider networks?

No	45.8%
Yes	54.2%

Comments (sample)

- The online networks are inaccurate regarding participating physicians and hospitals
- Networks are too narrow to provide good care. Physicians/specialists with the best outcomes are often not contracted. The health plans then look to contract lower quality of care physicians due to cost. Patients have no options. PCP's have no options.
- Prior approval on drugs or scans or procedures.
- Limited contracts with pediatric specialists, reimbursement for vaccines and related costs barely solvent.
- We wrestle with getting authorizations for surgeries from these insurers. This leads to delay in care which can affect patient outcomes. In our community there are limited numbers of specialists so patients cannot just choose to seek care from another provider.
- Many times when I call to get prior authorizations for surgery, I am talking to someone off shore and they are very hard to understand. It sometimes takes over an hour to get authorizations. When I try to call them with questions I am on hold for more than 1/2 waiting for someone.

- Very limited psychiatric and drug treatment/addiction services.
- Pre authorization requirements and requests for medical records have increased dramatically. Reimbursement rates not at all keeping up demands placed upon practices.
- As a surgeon, I have encountered difficulty getting certain surgical procedures approved. Many procedures using relatively newly FDA approved devices are denied as "experimental", including some that are covered by Medicare. Even if covered, if any deviation from the "on-label" indication is needed for a patient, it will virtually never be approved.
- Ensuring patients are able to be treated at our hospital of choice. They need to be admitted elsewhere since they're out-of-network and their co-pays are astronomical at our hospital of choice.
- It is still not always clear if patients belong to a narrow network (Anthem). Patients do not know that they belong to a narrow network.
- My patients have had to travel to providers hours away.
- We do not have a lot of specialty depth in our county and finding specialists for patients in network has become increasingly more difficult, particularly in areas like pain management, endocrinology, rheumatology and ENT.
- Patient dissatisfaction
- Patients complain that their previous plans did not have any doctors for them t see, so they switched to Kaiser.
- Frequent changes in panel of authorized specialists to include less capable ones; lack of relationship or communication with them; authorization of specialists that are far away rather than specialists closer to me and my patients.
- Harder to get certain testing completed.
- Increasing limitations on referrals
- Dead physicians listed as participating providers!
- Very poor availability of pediatric specialists
- Over burdensome approval processed, limitation of care able to be provided
- All these plans will NOT negotiate rates, many will not offer me a contract, and most will not allow me on the exchange product, even though as a pediatric ophthalmologist our group is the ONLY group servicing 9 of the hospitals they contract with and there are no other full time peds ophthalmology groups within 40 miles to the west, and 200 miles to the east of our group.
- Their provider lists are hopelessly inaccurate.

Negotiation Process

10. Which of these best describes your role in negotiating contracts with insurance companies?

You are the primary decision maker	38.6%
You are one of a group of decision makers	19.7%
You are aware and might give input, but do not participate in the process	11.1%
You are generally not involved in these negotiations	25.8%
Other	4.8%

11. Negotiation Process: For the most recent contract, did any of the following payers give you a "take it or leave it" offer, versus being allowed to participate in a two-way bargaining process? (Check all that apply.)

Aetna	48.3%
Anthem	66.2%
Cigna	45.1%
Humana	31.2%
Not sure	13.6%
None of these	15.0%

12. Some insurers may negotiate different physician contract terms for the different types of insurance plans that they offer (e.g. Medicare Advantage, commercial group health insurance, commercial insurance plans sold to individuals, HMO-type products, PPO and indemnity products etc.). Other insurers may negotiate one contract that covers all of the insurance plans they offer. (Check which of these two contracting approaches applies to each of the merging insurers.)

	Offered only a single contract	Offered separate contracts	Don't know	N/A
Aetna	45%	20%	25%	10%
Humana	31%	12%	33%	25%
Anthem	45%	30%	18%	6%
Cigna	43%	17%	28%	12%

13. Are you paid the same fees across the different types of insurance plans the insurer offers?

	Yes	No	Don't know	N/A
Aetna	27%	45%	18%	10%
Humana	18%	37%	22%	23%
Anthem	26%	54%	14%	6%
Cigna	23%	44%	22%	12%

14. Have you ever seen an "all-products clause," defined as follows: An "all-products clause" is a clause in a health plan's physician contract that requires, as a condition of participating in any of the health plan products, that the physician participate in all of the health plan products?

Have seen these in contract negotiations with a commercial payer	57.5%
Have not seen an all products clause in negotiations with a commercial payer	11.8%
Not sure	30.6%

Factors Affecting Negotiations

15. How often are reimbursement rates paid by other commercial insurers referenced by the health insurer in negotiations (to negotiate lower rates by comparing to a competitor's lower rates)?

Every negotiation	9.9%
Most of the time	17.2%
About half of the time	4.9%
Sometimes	10.2%
Rarely	14.2%
Never	14.8%
Not sure	28.8%

Comparing Individual Mergers

16. How do the contract terms with Anthem compare to the contract terms with other commercial insurers?

Much more favorable for you as a physician	2.7%
Somewhat more favorable	11.3%
About the same	23.8%
Somewhat less favorable	19.9%
Much less favorable	32.7%
Not sure	6.5%
N/A	3.0%

17. How do the contract terms with Aetna compare to the contract terms with other commercial insurers?

Much more favorable for you as a physician	5.4%
Somewhat more favorable	14.0%
About the same	30.7%
Somewhat less favorable	17.0%
Much less favorable	15.8%
Not sure	11.0%
N/A	6.3%

18. How do the contract terms with Cigna compare to the contract terms with other commercial insurers?

Much more favorable for you as a physician	6.0%
Somewhat more favorable	14.3%
About the same	30.7%
Somewhat less favorable	15.2%
Much less favorable	14.6%
Not sure	11.0%
N/A	8.3%

19. How do the contract terms with Humana compare to the contract terms with other commercial insurers?

Much more favorable for you as a physician	1.5%
Somewhat more favorable	7.1%
About the same	23.8%
Somewhat less favorable	11.0%
Much less favorable	14.3%
Not sure	21.1%
N/A	21.1%

Insurance Company Consolidation – Likely effects of mergers

20. In your view, how would the merger of Aetna and Humana impact the process of contract negotiations?

Much more favorable for you as a physician	0.9%
Somewhat more favorable	3.0%
No impact	6.0%
Somewhat less favorable	16.7%
Much less favorable	59.4%
Not sure	9.3%
Need to wait and see	4.8%

21. How would the merger of Anthem and Cigna impact on the process of contract negotiations?

Much more favorable for you as a physician	1.8%
Somewhat more favorable	3.0%
No impact	3.9%
Somewhat less favorable	15.8%
Much less favorable	67.2%
Not sure	5.7%
Need to wait and see	2.7%

22. What, if anything, would you do if Aetna and Humana merged and you did not continue to have a contract with the merged health plan? (Choose all that apply, and comment as needed.)

Do not expect a significant impact (Check as your only response, please)	16.8%
Retire from active practice	11.4%
Would need to close my practice	9.0%
Move my practice to another locale with a more competitive reimbursement market	6.0%
Would cut investments in practice infrastructure (technology, etc.)	31.5%
Would cut staff or reduce salaries	36.9%
Would need to spend less time with patients	30.0%
Would cut quality initiatives or patient services (labs, radiology, case management, etc.)	24.3%
Not sure	19.2%

Other (please specify)	20.4%

Other (sample)

- I would consider a fee for service practice
- The margin is so thin that the merger would devastate my practice and I absolutely would no longer be able to provide the quality care I do now.
- Begin a process of phasing out all insurance
- Downsize
- I would plan to cut the number of days I see patients
- May close doors to new patients
- Work fewer hours per week, lay off staff
- Pay my salary doctors less, which would be very bad
- This would force patients to drive long distances to receive a liver transplant. Many patients cannot do this, and will die.
- Access to our transplant program by patients would be severely limited
- Might have to be out of network resulting in the patients getting balance billed
- I would either move to cash only structure, for those patients with this insurance who still wish to be seen, or just see Medicare patients. If this doesn't work out, I would retire from practice.
- Leave medicine entirely

23. What, if anything, would you do if Anthem and Cigna merged and you did not continue to have a contract with the merged health plan? (Choose all that apply, and comment as needed.)

Do not expect a significant impact (Check as your only response, please)	8.7%
Retire from active practice	13.4%
Would need to close my practice	15.2%
Move my practice to another locale with a more competitive reimbursement market	8.1%
Would cut investments in practice infrastructure (technology, etc.)	30.7%
Would cut staff or reduce salaries	40.0%
Would need to spend less time with patients	34.3%
Would cut quality initiatives or patient services (labs, radiology, case management, etc.)	26.3%
Not sure	18.8%
Other (please specify)	20.3%

Other (sample)

- If would bankrupt me. Anthem pays 47% less than other payors
- Downsize
- Reduce number of days I see patients
- Would seriously consider retiring or closing practice.
- I would either move to cash only structure, for those patients with this insurance who still wish to be seen, or just see Medicare patients. If this doesn't work out, I would retire from practice.
- Will align with hospital
- Go out of network, which would limit access
- Convert to fee for service only

Insurance Company Consolidation: Likely effects of Aetna-Humana Merger

24. Narrower physician networks will reduce patient access to care.

Very likely	58.0%
Somewhat likely	19.6%
Neither likely nor unlikely	5.7%
Somewhat unlikely	5.4%
Very unlikely	3.3%
Not sure	7.9%

25. Reimbursement rates for physicians will decrease such that there would be a reduction in the quality and quantity of the services that physicians are able to offer patients.

Very likely	70.7%
Somewhat likely	19.0%
Neither likely nor unlikely	3.9%
Somewhat unlikely	1.2%
Very unlikely	0.9%
Not sure	4.2%

26. Physicians will be pressured not to engage in aggressive patient advocacy, a crucial safeguard of patient care.

Answer Options	Response Percent
Very likely	55.0%
Somewhat likely	23.6%
Neither likely nor unlikely	6.9%
Somewhat unlikely	2.4%
Very unlikely	4.2%
Not sure	7.9%

Insurance Company Consolidation: Likely effects of Anthem-Cigna merger

27. Narrower physician networks will reduce patient access to care.

Answer Options	Response Percent
Very likely	66.2%
Somewhat likely	16.0%
Neither likely nor unlikely	7.6%
Somewhat unlikely	3.3%
Very unlikely	3.0%
Not sure	3.9%

28. Reimbursement rates for physicians will decrease such that there would be a reduction in the quality and quantity of the services that physicians are able to offer patients.

Answer Options	Response Percent
Very likely	72.5%
Somewhat likely	16.3%
Neither likely nor unlikely	4.2%
Somewhat unlikely	1.5%
Very unlikely	2.4%
Not sure	3.0%

29. Physicians will be pressured not to engage in aggressive patient advocacy, a crucial safeguard of patient care.

Answer Options	Response Percent
Very likely	59.8%
Somewhat likely	22.1%
Neither likely nor unlikely	6.6%
Somewhat unlikely	0.6%
Very unlikely	4.2%
Not sure	6.6%

Insurance Company Consolidation – Attitudes towards the mergers

30. Anthem has proposed to acquire Cigna. Do you support or oppose regulators allowing this merger to proceed?

Strongly support allowing merger to proceed	1.7%
Somewhat support	2.5%
Neither support nor oppose	6.0%
Somewhat oppose	10.3%
Strongly oppose allowing mergers to proceed	74.9%
Not sure	4.6%

31. Aetna has proposed to acquire Humana. Do you support or oppose regulators allowing this merger to proceed?

Strongly support allowing merger to proceed	1.4%
Somewhat support	2.4%
Neither support nor oppose	8.2%
Somewhat oppose	11.1%
Strongly oppose allowing mergers to proceed	71.7%
Not sure	5.2%

Insurance Company Consolidation: Likely effects of mergers – alleged merger efficiencies & costs

32. Efficiencies. Do you agree or disagree with the following statement? The mergers are necessary to gain efficiencies in areas such as innovative payment programs and care management strategies that will benefit patients.

Strongly disagree	60.9%
Disagree	22.1%
Neither agree nor disagree	10.6%
Agree	3.3%
Strongly agree	3.1%

33. Costs. Do you agree or disagree with the statement that these mergers will give those insurers even more influence over physicians' clinical and business practices with little or no recourse for physicians? Physicians will be forced to cut costs so deeply that we will see a significant degradation of their ability to provide the care that patients value and need.

Strongly disagree	8.2%
Disagree	2.6%
Neither agree nor disagree	5.1%
Agree	16.5%
Strongly agree	67.7%

Wrap Up

34. Do you have any stories or experiences that you think are particularly compelling examples of concerns you have about these mergers between Aetna-Cigna and Anthem-Humana?

Comments (sample)

- Obviously, mergers are not necessary for innovation and efficiency to occur. Mergers remove the crucial element of the free-market, that is, healthy competition. Consumers, and physicians, will bear the brunt of these types of large mergers.
- Bottom line is this as these companies merge it will be even tougher for doctors to practice medicine in private practice period.
- Reflect upon past instances where consolidation has resulted in fewer choices for patients and later reductions in physician payments for services provided to patients.
- It`s tantamount to price fixing and unilaterally determining what is too be paid; the system needs competition to be successful
- The bigger the corporation, the less responsive to concerns of and payment to physicians as well as less accommodating to patients.
- Historically most mergers have been disastrous for patients/providers and beneficial for a few superrich CEO's or owners.
- Clearly the history of mega mergers in any industry has consistently resulted in less choices and more cost for their customers. Health care is no exception and this will result in less access to care and more profits for insurance companies.
- Insurance companies are routinely denying coverage of needed medications for my patients. That situation will only get worse with mergers.
- I am concerned that Anthem is gaining too much control in the medical insurance industry. Many facilities and providers are no longer contracting with Anthem because they reimburse poorly and do not pay claims fairly

- The insurance companies are already too big. We stopped contracting with Anthem, because they would drop our reimbursements each year by a few % without negotiation. These mergers will make it worse. Allowing these mergers will make it impossible for private practice docs to negotiate rates adequate to pay overhead.
- Yes, insurance companies have too much power over how medicine in practiced.
- The plans are becoming too big to fail. They intentionally ask for more and more before paying and we have no recourse. They continue to cut reimbursements and ask for authorization as though they have the MD , yet they've no liability
- I thought Monopolies were illegal in America
- It's simple. Bigger equals more leverage. Less willing to negotiate. Providers are never in the best position and we cannot unionize or fight it. At least with Medicare you have a representative or someone who's supposed to impartial. Here there is no arbitration or someone who is looking out for best interests of the providers and patients.
- They will completely destroy what is left of independent practice
- We might as well a single payer system with all of its inefficiencies.
- When United Health care merged about 10 years ago, they cut reimbursement rates and embarked on many actions that were unfavorable to patient care and physician advocacy
- Patients will lose all autonomy and choice. They will suffer the most. I have many stories of patients who are miserable with Anthem.