

## Consultant 192

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I hope I am not too late to give some personal reflections and comments for this enquiry.

I am an [X] consultant with and NHS and private practice for [X] years. Dealings with the insurance companies has become noticeably more difficult in recent years.

My interest in this started a couple of years ago when an insurance company declined to pay my fees [X]. The fees they have declined to pay are unchanged for several years and have previously been settled in full by them. The change has come about by alterations in the operation of the ccsc coding system. Interestingly, they continue to authorise patients insured by them to come and see me for treatment and then settle the fees of the hospital and anaesthetist, but not mine.

The ccsc coding group gives the impression that it is an official regulatory body, in fact it is a collaboration between several of the largest insurance companies, who unilaterally decide what code/complexity to assign to a given procedure and how the codes can be combined for complex, multiple procedures - or not. The companies decide what level they are prepared to reimburse for any given procedure, but having manipulated the coding system to their own advantage, the levels of reimbursement for commonly performed procedures have fallen dramatically. The justification for this is that the procedures have become 'easier'. No scientific evidence has been provided to support this. The companies have given an uplift in some areas that represent low volume activities in the private sector such as cancer care. This is clearly a pr spin using a very emotive subject to demonstrate how 'caring' they are. In practice the majority of their insured clients need the more commonly performed procedures.

I have had several patients in recent years who have returned for 'second side' surgery who have been caught out by this unilateral change. They have been provided with copies of my previous invoices and my proposed fee for the second side by me, to demonstrate that my fees have not changed. On challenging their insurance companies they have all been initially told that I have raised my fees and overcharge. When given evidence to the contrary, they have then been told that the operation has become 'easier' and therefore they are being overcharged. Both myself and my patients struggle to understand this when the procedures are identical and in some case the time between the two procedures is less than twelve months.

Patients are increasingly being left with shortfalls in their level of cover and many of them are very angry at what they see as a unilateral change to the terms of their cover without being told. Of course this is set against a background of many patients seeing their premiums increase annually by a considerable amount and some insurance companies paying record amounts to their executives!

The introduction of managed referrals and care is also an unwelcome development for patients. Many are preferentially directed by their insurers towards consultants who have agreed to accept their insurance companies (reduced) tariff. This a manipulation and distortion of the market to the advantage of the insurers. Rarely will you be able to find an acknowledged expert or leader in any given field who complies with the insurance companies arbitrarily reduced tariffs. Hence patients are often misdirected by the insurance companies call centres to maximise their profits at the expense of the patient seeing the most appropriate specialist.

I hope you are able to give consideration to these issues.