Insurance company tactics like high deductibles, narrow networks, unwillingness to contract, notoriously inaccurate physician directories, and low maximum allowables for out-of-network services are placing more of the financial risk and burden of surprise bills on the shoulders of our patients.

Physicians care. We don’t want our patients “surprised” by bills. We don’t want our patients to suffer a financial crisis in the wake of a medical crisis.

Physicians want to be in network with the big insurance companies in their communities, and most physicians are in at least one network. However, sometimes physicians who want to be in network find the company won’t let them in at all, or it offers to pay the doctors less than it costs them to provide the care.
• Each year since 2009, the number of requests for mediation has increased, as data from TDI shows.
• TMA’s Biennial Physician Survey results show a 30-percent drop in Texas physicians’ ability to join networks since 2010.
• The average deductible for an individual covered by an employer-based plan in Texas increased 148 percent from 2006 to 2015.¹ The average deductible for a family covered by an employer-based plan in Texas in 2015 was $3,388.²

DATA POINTS

• Six out of 10 Texas physicians have found times they were listed as being in the network when really they were not, and 56 percent have detected cases where they were not listed in a plan but should have been, according to TMA’s 2016 Physician Survey.
• More than 300 Texas hospitals do not have even one available emergency physician who is in-network with three of the state’s largest health insurance companies.³
• The Texas Department of Insurance has approved waivers for several health plans with major network deficiencies in one or more specialties in the majority of Texas counties.