Taking Advantage: How Insurers Harm Seniors on Medicare

Insurers like UnitedHealth and Humana have a history of putting profits ahead of patients. Now, they're taking over Medicare and walking away with billions in taxpayer dollars. A groundbreaking new report from Physicians for a National Health Program (pnhp.org/HarmsReport) shows us the consequences: Corporate health insurers are harming millions of American seniors.

Patients in so-called “Medicare Advantage” (MA) plans are forced to deal with:

- **Surprise out-of-pocket costs**, which can leave seriously ill patients and their families facing thousands of dollars in medical bills
- **Narrow networks**, with 11.7 million patients in an MA plan excluding >70% of doctors in their county
- **Serious health risks**, with some cancer patients in MA facing up to a 2x higher risk of death because of a lack of access to the best hospitals
- **Delays and denials of care**, so insurers can pad their profits while patients get sicker, often leading to permanent health consequences and even death.

Doctors and hospitals also face serious barriers to caring for patients as a result of the administrative and financial burdens placed on them by corporate MA insurers:

- **Up to 20.5 million hours wasted** filling out authorization forms and fighting with insurers to get necessary care approved
- **Delayed and denied payments**, which can ruin the finances of hospitals and medical practices, especially in rural and underserved areas.

Medicare was created to serve the people. Corporate health insurers have shown that they cannot be trusted to carry out that crucial mission. Visit [pnhp.org/HarmsReport](pnhp.org/HarmsReport) to learn more.

Created May 2024

2. Casey Ross and Bob Herman, “Humana used algorithm in ‘fraudulent scheme’ to deny care to Medicare Advantage patients, lawsuit alleges,” STAT News, December 12, 2023
3. PNHP, “Our Payments, Their Profits,” October 2023