Exposing Insurers' "Shared Savings" Kickback Scheme

Stop the "Shared Savings" Kickback Scheme!

Why Insurers Concocted this Scheme and How It's Causing a Crisis for Patients and Providers

When an employer chooses to self-fund their health insurance plan, they expect the insurer to provide their employees with access to the medical providers and treatment services they need. After all, the foundation of any health plan is its network of doctors, hospitals, and other caregivers and facilities. So, why are some insurers terminating in-network contracts? **Because they can make bigger profits if the care is out-of-network.**

Enter the "Shared Savings" Kickback Scheme. Here's how insurers are pulling it off for billions in profits:

1. Insurers slash provider rates and terminate contracts to push providers out-of-network, where rates are generally higher than the discounted rates charged within the network.
2. Insurers never intend to pay providers at higher out-of-network rates, however – but they tell employers the rates are real … and that they'll "protect" employers from them and "share" in the resulting "savings."
3. In fact, **insurers demand a kickback from employers** every time an employee receives care from an out-of-network provider – on top of administrative fees they already charge for out-of-network claims.
4. This kickback usually equals **30-50%** of the imaginary "savings" claimed by insurers, causing employers and employees alike to pay more than they would have if the care had been delivered in-network.

Insurers' **"Shared Savings" Kickback Scheme** is costing employers billions and putting at risk millions of Americans:

- Employees and families face higher out-of-pocket costs and are losing access to in-network care.
- The added burden of the "shared savings" kickback causes many organizations to pay more for coverage.
- In addition, the kickback fees often exceed what the provider is paid for delivering care (source).
- As a result, already struggling medical practices are losing direct access to patients and fair payment.

Case In Point:

HEALTHCARE FINANCE

"United paid as little as 20% of the clinicians' billed charges. United's Shared Savings Program takes up to a 50% administrative fee on the difference between billed charges and United's payments…"

How Does the *No Surprises Act* Play Into This?

Insurers are manipulating the *No Surprises Act* (NSA) to accelerate their "Shared Savings" Kickback Scheme: they are slashing payments and terminating provider contracts in an apparent effort to engineer a sharp rise in out-of-network care – all so they can make billions by charging employers bogus "shared savings" fees.

"Shared Savings" is yet another **KICKBACK SCHEME** devised by insurers to pocket billions in additional profit. Patients and providers shouldn't lose the security of in-network access, and insurers shouldn't be rewarded for failing to sustain care networks. ***Stop the "Shared Savings" Rebate Scam!***

Congressional Oversight is Needed to Preserve NSA's Safeguards

AMERICANS FOR FAIR HEALTH CARE