

April 13, 2026

Lyndsay Padgett
Executive Director, Medicare
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Dear Ms. Padgett,

I am respectfully writing on behalf of the approximately 170 members of the Indiana Hospital Association and the undersigned organizations representing provider groups across Indiana, to express our significant concern regarding UnitedHealthcare's (UHC) [recently implemented policy](#) that requires patients on certain Medicare Advantage (MA) plans to obtain a referral from their primary care provider before accessing certain specialty care services. The undersigned organizations urge UHC to take steps to immediately rescind the policy before denials begin on May 1, 2026.

IHA understands and supports the importance of access to and utilization of primary care for patients to ensure preventative care is delivered and chronic conditions are managed before utilization and costs increase over the long-term. However, UHC's policy creates unnecessary barriers by imposing a unilateral and arbitrary requirement on providers, without consideration of the best needs of the patient. Moreover, withholding payment for certain specialty care services delivered without a referral, when a referral is currently not required in many situations, will create an additional backlog in primary care services and impose significant time and financial burdens on those practitioners who provide care to UHC's customers.

A [new report](#) by the Richard M. Fairbanks School of Public Health, *Increasing Primary Care and Preventive Care Utilization in Indiana: A State Level Approach*, confirmed Indiana lags behind the nation in the number of primary care providers. The state has roughly 66 primary care physicians to every 100,000 individuals, while the national average is 75 per 100,000.

Requiring MA patients to first obtain a primary care referral before accessing an allergy appointment, a dermatology appointment, orthopedic urgent care, a urology appointment, and more, will only stress Indiana's primary care ecosystem that does not have enough resources today – and delay MA patients from getting the care they need.

The policy of gatekeeping specialty care services by requiring primary care referrals is not new. Historically, commercial HMO plans have included similar policies. However, in

practice, those policies merely resulted in patient care delays. Alongside other limitations placed on access to care, including prior authorization and step therapy, requiring a primary care provider to evaluate and refer every patient for certain specialty service covered by the policy is merely one more administrative hurdle for patients and providers to overcome.

Hospitals and healthcare providers are committed to improving access and affordability in health care and promoting preventative care. However, policies like these have the opposite effect and stand to benefit insurance companies over patients. While actively working to reduce costs and maintain access to critical service, hospitals struggle to collect revenues for medically necessary care provided to patients because of payor policies. For example, in 2025, a survey of 72 hospitals in Indiana indicated that due to insurer behaviors, those hospitals experienced a net revenue leakage of **\$717 million**. At a time when hospitals and other providers are hyper focused on health care affordability and ensuring ongoing access, addressing these harmful health plan tactics is critical to addressing overall health care affordability, but most importantly, patient access to the health care they need.

In closing, the undersigned organizations respectfully urge UHC to take steps to rescind its policy that requires patients on certain Medicare Advantage (MA) plans to obtain a referral from their primary care provider before accessing certain specialty care services.

Respectfully,



Scott Tittle, President, Indiana Hospital Association

Indiana State Medical Association

Indiana Chapter, American Academy of Pediatrics

Indiana Academy of Dermatology

Indiana Academy of Family Physicians

