

## Insurers and providers lock horns

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**DUKING IT OUT** — More and more insurers and providers are taking their disputes over issues like payment rates and care denials public as medical cost pressures weigh on the health industry, Kelly reports.

At least 90 contract disputes between health insurers and providers have played out in public so far this year, according to FTI Consulting, which tracks the disputes. That's compared with 51 public disputes in 2022, 86 in 2023 and 133 in 2024.

**Why it matters:** The uptick is driven by providers increasingly refusing to back down from demands on a range of contract terms — from reimbursement to insurers' prior authorization requirements. And insurers, facing an uncertain regulatory environment on Capitol Hill, are similarly unwavering in their push to contain costs for employer clients. In some cases, it's left patients with a vexing problem: insurance plans their providers no longer accept.

Cost "pressures are what is leading to both parties looking for ways to ensure that care can still be provided, levels of service can be maintained and one side's not bearing too much of the cost burden," said **Citseko Staples Miller**, a managing director at FTI Consulting, which tracks payer-provider disputes. "So there's this constant battle and trying to find that sweet spot."

The more frequent public disputes also come as insurers face unrelenting criticism, including from Washington, over how often they deny care.

"Public perception of insurers has probably reached one of the lowest that it has in more recent years, and so that is resulting in not just the providers, but I think other stakeholders, voicing frustration with health insurance and the system that we're all operating in," said Staples Miller.

**A key example:** UnitedHealthcare, the nation's largest insurer, has been at the center of several public disputes this year — including an ongoing, high-profile fight with Johns Hopkins Medicine that's left about 60,000 patients out-of-network in the Maryland-Washington-Virginia area since Aug. 25. The two parties have duked it out in the media, pointing fingers at one another for demanding unreasonable terms.

UnitedHealthcare has called out Johns Hopkins for being "cynical" in the negotiations and seeking provisions that would allow the hospital system to refuse treatment for people enrolled in UnitedHealth coverage through certain employers it doesn't "want to do business with."

A UnitedHealthcare spokesperson told POLITICO in a statement that the company negotiates “thousands of provider contracts every year — the vast majority of which are resolved with no disruption to patient care.”

Johns Hopkins, meanwhile, has blamed UnitedHealth for the stalemate in negotiations, arguing the insurer “refused to agree to reasonable terms” that would ensure patients can receive care “without excessive delays or denials.”

“We decided to make patients aware of this stalemate now, to provide our patients and their employers the time they need to explore alternative insurance options during the upcoming open enrollment season,” **Kim Hoppe**, vice president of public relations for Johns Hopkins Medicine, said in a statement.

**What’s next:** Hopkins called off negotiations with UnitedHealthcare in September, and it’s unclear whether the two will return to the table.