

## Welfare Department's Medicaid Fee-For-Service Plan Questioned by Senate Resolution

Members of the Senate Public Health and Welfare Committee approved a resolution last week urging the Department of Public Welfare's to delay efforts to switch from a voluntary HealthChoices managed care system for Medicaid recipients to a mandated fee-for-service system, called Access Plus. The resolution requests that a comprehensive review be performed and input be received from Medicaid recipients, providers, lawmakers and the public before any further action is taken.

SR 60 states that the efforts of Gov. Ed Rendell's administration to move 71,000 of Pennsylvania's Medicaid recipients, who are currently enrolled in the HealthChoices program, into the Access Plus plan raises several concerns, including continuity of care issues for recipients and reduced healthcare provider participation in the program.

Department Secretary Estelle B. Richman told committee members that Access Plus is still managed care, just a different type of managed care.

Access Plus, a fee-for-service managed-care program, differs from the state's capitated managed-care program, HealthChoices, which is currently offered to Medicaid recipients in 26 counties within the state.

Richman said that before the Department sends out any notice of plan changes to the 71,000 clients, her analysis will be completed and another meeting will occur with the managed care organizations. The goal is to ensure the initiative does not negatively impact primary care providers, including dental service providers, or medical specialty areas, such as obstetrics, in addition to Medicaid recipients.