

Maintain Voluntary Managed Care and Pharmacy Services Under HMOs for Medicaid Recipients, Rendell Administration Urged

A resolution approved by the House Health and Human Services Committee recently asks the Rendell Administration not to follow through with two proposed changes affecting Medicaid recipients. The resolution, HR 242, urges the Administration to maintain a voluntary managed care system for Medicaid recipients, and to keep pharmacy services under managed care and not move them to a fee-for-service program. The resolution now moves to the full House for consideration.

Proponents of keeping pharmacy benefits under the managed care groups (MCOs) argue that drug management is a key part of overall patient care. Moving to a fee-for-service program not only takes the patient out of the watchful eye of the HMO system but also places them under a program that lacks flexibility needed in a drug management program.

"Under a fee-for-service plan, patients will be captive to a fee-for-service drug list that takes away the flexibility that many patients need to maintain maximum care," said one official with an MCO. "Our approach is total care of the patient, and for that we need to maintain the responsibility of drug management."

On the voluntary managed care front, the Department of Public Welfare is considering moving Medicaid recipients there to fee-for-service plans. Again, managed officials believe that such a remove would limit flexibility needed for Medicaid recipients to receive the best health care available.

In March, the Senate did approve a resolution, SR 60, asking the Department of Public Welfare 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 and input be received from Medicaid recipients, providers, lawmakers and the public.

Department Secretary Estelle B. Richman told committee members at the time 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.

In related news, Senator Jane Earll, R-Erie, is expected to introduce legislation that mirrors HR 242, but would have the force of law if approved by the General Assembly.