

# Ensuring access to safety net

Each new report about our struggling economy and the families it affects underscores the need to ensure residents have access to quality, affordable health care. As our leaders work over the next few weeks to craft a new state budget, it is essential that they protect the health care safety net that so many Pennsylvanians rely on each and every day.

Medicaid is a taxpayer-funded public health insurance program that finances essential health care and long-term care for those in need. In Pennsylvania, 2 million residents are served by Medical Assistance, the state's Medicaid program. The people who rely on this system truly have nowhere else to turn — 46 percent are children under 18; 10 percent are seniors 65 and older; and another 17 percent are disabled.

Despite what many believe, this isn't just a big-city issue. Two-thirds of Pennsylvania's Medicaid recipients live outside Philadelphia and Allegheny County; 27 percent live in rural counties. And thousands live right here. In Cumberland County, 17,000 residents rely on Medicaid. Among them are 8,300 children, 2,000 seniors and 2,500 disabled individuals.

AmeriHealth Mercy is part of a state network of managed care organizations (MCOs) that deliver health care to more than 60 percent of those on Medicaid — roughly 11,000 in Cumberland County. Each of the state's MCOs has been ranked among the best in the nation, saving the commonwealth a combined \$2.7 billion over a recent five-year period, according to a study by The Lewin Group, a health-care con-



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MCOs do this by working directly with Medicaid patients to promote regular and lower-cost preventive care, coordinating care for those with chronic conditions and increasing access to quality care for special needs individuals to avoid unnecessary hospital stays. Case management workers address the health and social needs of the individuals and coordinate health-care intervention plans for enrollees.

An important component of this successful "one stop" shop approach is the coordination of medical care and drug coverage. MCOs use medicine to help manage disease, improve medical outcomes and reduce overall health-care costs. It's critical to effective care.

But the Rendell administration wants to transfer these pharmacy services from MCOs to the Department of Public Welfare. It's essentially the same plan the legislature has rejected for three straight years, with bipartisan support. They should reject it this year, too. The House Health and Human Services Committee convened a hearing April 30 to hear directly from consumers and providers.

It's true many commercial insurance

consumers have separate plans — one for medical services and a second for pharmacy. But the Medicaid population demands a different approach. Many Medicaid patients are chronically ill or require ongoing care. Their special needs mandate a comprehensive and seamless delivery system that integrates pharmacy services.

Transferring pharmacy management to DPW would fragment the care delivery system and disrupt services for 1.2 million Medicaid consumers who rely on the state's MCOs.

It should be noted that even the federal government recognizes the value of coordinated care for vulnerable residents. President Barack Obama's proposed budget would guarantee MCOs the same level of pharmacy rebates that states receive, eliminating the commonwealth's cost rationale for its own pharmacy plan.

It makes no sense to disrupt care for 1.2 million Pennsylvanians when the federal government is addressing the issue.

Every time a worker loses a job, a family faces the potential loss of its health insurance, and one more family may need Medicaid. A well-funded Medicaid program guarantees access to affordable health care for our most vulnerable residents, while a well-managed Medicaid program saves taxpayers hundreds of millions of dollars each year.

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