

[PROVIDER LETTERHEAD]

March 1, 2007

[POLICY MAKER]

[ADDRESS]

[CITY, STATE]

Dear [POLICY MAKER]:

I writing to express my deepest concern regarding the proposed changes that the Department of Public Welfare (DPW) announced last Thursday pertaining to voluntary managed care membership in Pennsylvania managed care organizations. I am a {TYPE OF PROVIDER} in {COUNTY} County Pennsylvania. Many of my patients are on Medicaid, and obtain their vitally needed healthcare services through Medicaid Managed Care Organizations (MCOs), such as Gateway Health Plan, Three Rivers Health Plan, and UPMC Health Plan, all based in Pittsburgh.

The announced movement of voluntary managed care members out of the Managed Care Organizations (MCOs) into the State-operated AccessPlus fee-for-service system will take away consumer choice of health plans and force these members into a system which has fewer actively participating physicians and other providers, while frequently reimbursing these providers at lower rates. This action will potentially disrupt many patient/physician relationships, as well as established relationships with case managers, disease management and other staff at the MCOs that *manage* the health of its members.

I am committed to the Medicaid patients in my practice because it is the morally right thing to do. These people – your constituents – are the most vulnerable among us and must be protected. I, and many of my colleagues to be sure, often treat these patients at a considerable loss due to the current reimbursement fee schedules. Moving these patients to AccessPlus will result in reduction in funding to our practice that could force many, if not all, of us to close our doors to these patients or otherwise limit their care. We are able to work directly with the Medicaid HMOs to address reimbursement, care management, and billing in a way that is just not possible with the fee-for-service Medicaid program.

Support for these HMOs need to be enhanced, not decreased, because of their proven ability to provide quality cost effective healthcare. If you are serious about the need to control health care costs and want to see that taxpayer funds are used in the most effective manner, it makes no sense to fragment a system that has a demonstrated record of success.

Pennsylvania's Medicaid HMOs have proven over the years that they provide superior care and have lowered overall healthcare costs for the Commonwealth. All of these plans are ranked in the top twenty among all Medicaid health plans, making them the highest

rated plans in the nation, according to *U.S. News & World Report* and the National Committee for Quality Assurance (NCQA), managed care's major accrediting body. These plans have proven time and again that they can deliver medical care of the highest quality while being fiscally responsible.

Therefore, I urge you to stop the Department's proposed changes to voluntary Managed Care Organization membership. Before quickly making any changes, at least agree that the DPW's action on such an important issue that affects thousands of Pennsylvanians, who often lack a voice of their own, needs involvement and approval from the Commonwealth's elected legislative officials.

Thank you in advance for your consideration.

Sincerely,

[PROVIDER'S NAME]

[PROVIDER LETTERHEAD]

March 1, 2007

Transition To AccessPlus
Office of Medical Assistance Programs
515 Health and Welfare Building
P. O. BOX 2675
Harrisburg, PA 17105

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