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## Planned Medicaid cuts to impact poor, elderly patients

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It may soon become harder for the neediest Texans to receive medical treatment.

That's because statewide regulations scheduled to go into effect Sunday would limit reimbursements paid to medical providers for patients covered by both Medicare and Medicaid.

The change would impact approximately 333,000 patients, mostly elderly, low-income residents, but also younger patients who are disabled.

Slashing the Medicaid co-pay was part of the plan approved by state lawmakers earlier this year to help balance the state's budget.

The change would save \$296 million over the next two years, officials estimate.

Cutting Medicaid reimbursements may result in fewer doctors who are willing to provide care for this population, experts warn.

"Doctors have to make the difficult decision whether to continue to treat these patients even though it doesn't make any financial sense," said Steve Levine, a spokesman for the Texas Medical Association.

Sen. Wendy Davis, D-Fort Worth, has asked Texas Health and Human Services Commissioner Tom Suehs to re-evaluate the impact of these cuts and restore coverage for cancer patients.

"These cuts are about to put at risk the lives of some of our most vulnerable Texans," Davis said in a prepared statement. "These are poor, elderly patients who have no health care options other than Medicare and Medicaid, and if the state

fails to help maximize those funds, then these dual-eligible patients may be denied treatment that would save their lives."

But the savings will come at the expense of some of the state's most vulnerable citizens, Bruce Malone, president of the Texas Medical Association, told the Texas Health and Human Service Commission at a public hearing in November.

He said it's already difficult to find physicians willing to accept new Medicare patients.

A Texas Medical Association survey conducted earlier this year found that 25 percent of physicians limit the number of new Medicare patients, and 8 percent will accept no new Medicare patients. The percentages are even higher for primary-care physicians.

Medicare payments, while better than Medicaid's, are insufficient to cover rising costs, and the new rules will result in a 20 percent payment cut for physicians, Malone testified.

"These proposed rules will only hasten physicians' exodus from Medicare," Malone told the commission.

The cuts come at a time when the indigent population is increasing in Texas.

"We've seen our Medicaid population grow from 2 percent to 7 percent in the past year," said Tammy Chambers, an administrator with the Center for Cancer and Blood Disorders, which operates 12 cancer treatment centers in North Texas.

Because Texas already has one of the lowest Medicaid reimbursement plans in the country, the medical practice has al-

ready referred 70 Medicaid patients to local hospitals for chemotherapy.

If these cuts go through, the center is facing a \$500,000 loss next year and may no longer be able to provide chemotherapy for its 700 patients covered by both Medicare and Medicaid, Chambers said.

Most cancer patients — about 80 percent — are treated in such outpatient treatment centers, said Dr. William Jordan, president of the Texas Society of Clinical Oncology.

If these centers can no longer afford to provide chemotherapy treatments, cancer patients will have to go to local hospitals, which may not provide this service on an outpatient basis.

"They'll have to admit these patients, and it will cost significantly higher," said Jordan, who estimates that inpatient chemotherapy could drive up costs by 400 to 600 percent.

According to an Associated Press analysis, nearly every state has proposed or implemented a plan in its current budget to rein in costs, and many are considering additional cuts in the year ahead.

Six million people have joined the Medicaid rolls since the recession began in late 2007. Enrollment nationally topped 50 million for the first time in June 2010, a number that is projected to keep rising, especially as the nation's unemployment rate remains high.

Billions of dollars from the federal stimulus program helped avoid deep Medicaid cuts through the worst of the recession, but the last of that money dried up this year.