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Editorials

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Not working: Medicaid contracts

How many reports does it take for West Virginia to realize that its 2-year-old Medicaid "fix" is broken?

The most recent study is from the Institute for Health Policy Research at West Virginia University. Researchers found that tens of thousands of the neediest West Virginians are getting less medical care than they did before the state enacted its Mountain Health Choices plan. Under that plan, the state requires Medicaid recipients to sign contracts in which they promise various things, such as taking their medicine and arriving at their doctor's appointments on time. People who don't sign contracts qualify for less health coverage.

The stated goal was to get more Medicaid patients to follow their doctor's instructions and to avoid wasting time and money on missed appointments. Sounds sensible enough.

Unfortunately, the actual result has been that only a small share
-- 19,000 of 131,000 eligible people -- sign the contracts
necessary to get full benefits. Do Medicaid recipients, some of

the state's poorest and most fragile residents, not understand that they lose valuable care if they don't sign up? Do residents -- knowing well the obstacles to reliable transportation or troubling side effects of prescriptions -- honestly decline to make promises they know they will not

keep, however well-intended?

There was plenty of warning that this effort would not work as intended, but those warnings were generally dismissed by state officials.

Previously, reports from a Georgetown University group and by Families USA likewise questioned West Virginia's new approach. West Virginians for Affordable Health Care has spotlighted those studies.

Of course, West Virginia should do all it can to help people control chronic health problems such as high blood pressure and diabetes -- problems that are rampant in the state's population. Those problems drag down the quality of life for many state residents, contribute to other problems and contribute to medical costs.

West Virginia now has at least three warnings that this coercive, however well-intended, approach does not achieve the desired result.

It is a shame to deprive needy people of available health services, particularly when the strategy doesn't achieve its desired goal.





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