

Change needed in insurance formula By Mary Rogeness

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What a difference the “region” makes. A Boston Globe headline last Friday trumpeted as front page news, “Mass. elders spared most HMO tumult.”

In contrast, a recent Springfield Union-News headline gave this report: “Pullout by HMO leaves elderly with few options.”

As far as Boston is concerned, “Massachusetts elders who belong I to HMOs will be largely safe from such care disruptions.”

At the same time, Springfield reads, “Harvard Pilgrim Health Care says that it can no longer afford to offer a Medicare HMO for senior citizens in the Pioneer Valley and that it will end its First Seniority Plan here as of Jan. 1.”

Two key words from the Boston stories must be noted by Western Massachusetts readers: “most” from the headline and “largely” from the text.

The truth is that Harvard Pilgrim is terminating its HMO coverage for 3,500 consumers in Hampshire, Franklin and Hampden counties. Approximately 6 percent of the New England subscribers will lose their coverage, and they all live in our region.

I do not believe our neighbors should be dismissed so lightly by writers in the eastern part of our state.

The reason that Boston's consumers are not impacted by Harvard Pilgrim's decision is simple. Federal Medicare reimbursement to Boston HMOs is \$663.03 per month per enrollee. Worcester HMOs receive \$548.56. Hampden County has a monthly capitated rate of \$445.91. Hampshire and Franklin counties have even lower rates.

It does not take a genius to determine that a business cannot break even with such disparate revenue levels.

An HMO operates by using an established dollar amount, the capitated rate, to provide all needed services for a consumer. Bureaucrats in Washington have decided that Boston is entitled to an extra \$217 per month to provide that care, and Harvard Pilgrim simply cannot provide adequate care in Western Massachusetts for the official Medicare reimbursement.

Seniors who will lose their First Seniority coverage have been writing and calling my office. Whenever a constituent calls, my first response is to ask myself how I can help.

In this case, the help I can offer is limited to adding my name to those appealing to Washington to remove the inequity in rates. I have written to U.S. Rep. Richard E. Neal who, because he lives in Springfield, understands that our cost of living and cost of medical care is not 33 percent lower than Boston's.

I have written more urgently to Sens. Edward M. Kennedy and John Kerry. They need to hear from me because, unlike ours, their neighborhood HMOs are well compensated for the seniors they serve under Medicare contracts.

Our Medicare taxes are uniform throughout the state. Our hospitals are as well equipped as any in the state. Our doctors are well trained and, certainly our prescriptions I are just as expensive.

Our insurers should not be forced to operate at a rate that is discounted by one-third. Will you join me in stating that claim to our federal government?

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