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The New York Times
ON THE WEB

June 5, 2001

By ROBERT PEAR

WASHINGTON, June 4 — A top federal health official said today that the Bush administration would try to double the enrollment of Medicare beneficiaries in health maintenance organizations within four years.

The official, Thomas A. Scully, said he wanted to have 30 percent of elderly patients in managed care by 2005. At present, slightly more than 14 percent of the 40 million Medicare

Mr. Scully announced the goal in his first public remarks since being confirmed by the Senate on May 25 as administrator of the Health Care Financing Administration, the federal agency that runs Medicare and Medicaid for 70 million people who are elderly, disabled or poor.

In a speech at the United States Chamber of Commerce, Mr. Scully said he had a mandate to "shake up" the agency. He said the Bush administration would reduce federal regulation of most health care providers; give the elderly more information on their health insurance options, and publicize data on the quality of care provided by hospitals, doctors, nursing homes and home care agencies.

The plans for Medicare's managed care program, known as Medicare+Choice, signal a big change. Many H.M.O.'s have reduced their participation in Medicare, calling payments inadequate and regulations excessive. In the last three years, managed care plans have dropped more than 1.6 million Medicare beneficiaries — 933,600 at the beginning of this year, 327,000 at the start of last year and 407,000 in 1999.

The number of Medicare beneficiaries in H.M.O.'s tripled from 1993 to 1998 and reached a peak of 6.4 million in 1999. The number fluctuates month to month, as some beneficiaries sign up and others drop out.

In recent weeks, Mr. Scully said, he has met with insurance executives and pleaded with them to remain in the Medicare program.

Congress sets reimbursement rates. Mr. Scully did not say whether he would support efforts to increase Medicare payments to H.M.O.'s.

Medicare officials have historically professed to be neutral between managed care and the original fee- for-service program. Mr. Scully indicated that the Bush administration would encourage beneficiaries to enroll in managed care.

When elderly and disabled people enroll in managed care plans, Mr. Scully said, they generally like the services and benefits, especially prescription drug coverage.

"The government is better in the long run when it's a buyer of insurance, rather than an insurer," Mr. Scully said.

Mr. Scully said he would open the agency's doors so it became more accountable to patients, health care providers, Congress and state officials. No longer, he said, will the agency be "an impenetrable fortress."

Republicans and Democrats in Congress have harshly criticized the agency as unresponsive, and they too want to revamp it. But Democrats, in particular, said the changes must not weaken protections for patients.

Karen M. Ignagni, president of the American Association of Health Plans, which represents H.M.O.'s, welcomed Mr. Scully's initiative, saying, "The administration appears to be truly committed to expanding choices and preserving options for beneficiaries."

But Representative Pete Stark, Democrat of California, said the administration was rewarding friends on Wall Street who had invested in managed care.

"In health care, as in energy policy," Mr. Stark said, "the philosophy of this administration seems to be that if you are listed on the New York Stock Exchange, you get assistance."

John C. Rother, director of legislation and public policy at AARP, formerly known as the American Association of Retired Persons, said it would not be easy for Mr. Scully to double Medicare enrollment in managed care.

"H.M.O.'s will have to do a lot of work to restore consumer confidence," Mr. Rother said.

Tricia Smith, a lobbyist at AARP, said: "We agree that it would be good to expand choices for Medicare patients. But the managed care program must be more stable. Beneficiaries have become apprehensive about enrolling because they know that their H.M.O. may not be in the program for more than a year."

Mr. Scully, a former lobbyist for investor-owned hospitals, said he would reduce the burden of regulation on health care providers because "they are not the enemy." No more than 2 percent consistently provide substandard care, he said. Hospitals and nursing homes with a history of deficiencies should be inspected more frequently, he said, while high-quality providers can be inspected less often.

By July 1, Mr. Scully said, the agency will have a new name to reflect its mission. He is running a contest for employees to choose the best name.