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Private money pays for Medicare cuts

By Laura Garrison

Lincoln hospital officials agree that private paying patients will pay the difference made by Medicaid and Medicare budget cuts that Reagan administration officials have proposed.

According to a copyrighted story by *The New York Times* Sunday, Richard S. Schweiker, secretary of health and human services, gave details of the proposed changes that include strict new limits on federal payments for hospital care and physician services for the elderly. Also recommended was a new way of financing long-term institutional care for welfare recipients and other poor persons receiving Medicaid benefits.

Reimbursements limited

Some of the changes include imposing limits on federal reimbursement for laboratory tests, drugs and other ancillary hospital services. Limits currently apply to routine costs such as nursing service, room and board, radiology and pathology services.

Medicaid benefits to the poor for long-term care, which

accounts for 47 percent of total Medicaid expenditures, would be converted from an open-ended entitlement to a block grant — a fixed sum appropriated to the states by Congress for broadly defined purposes, the *Times* reported. Schweiker said in the report that the proposals would save the Department of Health and Human Services more than \$4.1 billion in fiscal year 1983.

John Davidson, assistant administrator for Lincoln General Hospital, said the Nebraska Hospital Association has already met and talked about the proposals. Some welfare programs may be eliminated in order to contain costs, since hospitals have the option to offer many of the services. The association is working on a list of welfare services that may be cut, he said.

Davidson said welfare Medicaid patients pay on the average of 10 to 12 percent less than private paying patients, therefore hospital Medicaid discounts are paid back by the private paying patient.

Davidson said rising hospital costs could be contained considerably if people would not abuse the emergency room facilities at hospitals.

Emergency room overused

"Many persons come in to the emergency room for treatment when a visit to the doctor's office would suffice," Davidson said. "Emergency services cost more to the hospital and to the patient because we have a doctor on call 24 hours a day, seven days a week. We can only control our costs if people try to control their costs."

Davidson added that some medical insurance is "perverse" since it will pay for everything. One method of holding down insurance costs would be to have insurance companies pay 80 percent of medical bills and have individuals pay 20 percent.

Ron Jensen, vice president of St. Elizabeth Community Health Center, said that although the impact on the private paying individual is not known yet, the gap between providing good hospital care and balancing out the cost is usually filled by private paying patients.

Jensen said a Medicare proposal that would require private insurance coverage for people who continue working beyond the age of 65 would cause a disincentive for employers to hire older workers.

Jensen said St. Elizabeth will increase its effort to retain hospital costs.

Del Lembrich, administrator of provider services for the Nebraska Department of Welfare, said all individual patients will be responsible for more of hospital costs.

He said the Nebraska Legislature will have to decide about funding for the Medicaid program, but added that last year the Legislature voted not to use state money to make up the difference on federal cutbacks.

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