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Voice of the People  
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This is in response to "Docs and hospitals, get on board" (Editorial, Aug. 31) and "Illinois' **Medicaid** push cuts key ties to doctors" (Page 1, Aug. 26).

The two new private HMO networks being established to serve Medicaid patients with serious physical and mental disabilities each have more than 40 hospitals signed up. It is unfair to single out a few hospitals that are considering joining the networks but want to make sure that the arrangements are appropriate and workable for providing needed care to very vulnerable patients.

The hospital community is committed to transforming the health care delivery system and wants to continue working with the state on new and innovative approaches, including this particular HMO managed care pilot program, to make sure patients get the right care at the right time in the right place. With that said, hospitals need to be assured that access to needed services is preserved, that care is not denied and that payment for all levels of care is adequate.

Illinois hospitals have presented proposals to the state on ways to reduce readmissions and unnecessary utilization that will generate major cost savings and avoidance for the Medicaid program. In addition, through our Quality Care Institute, the Illinois Hospital Association is working with hospitals in Chicago and across the state to substantially reduce hospital-acquired conditions and infections, which will also bring down costs.

— *Maryjane A. Wurth, president, Illinois Hospital Association, **Naperville***