

# Medicaid Funding for New York Caregivers Faces Uncertain Future

**A state program that aims to cut costs and improve health outcomes could see its funds reduced**

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Yeccenia Nuez worried that her granddaughter was still suffering from a nasty stomach bug picked up during a visit to the Dominican Republic, and that the 13-month-old baby needed another trip to the emergency room.

Ms. Nuez called pediatrician Vanessa Baracaldo, who assured her on the phone that such a trip wasn't needed and instead encouraged her to come to her Harlem office the next day for an early-morning appointment. By the time Dr. Baracaldo examined the baby, the worst symptoms had largely subsided.

Since the baby traveled to the Dominican Republic and became ill, the family has been in constant contact with the doctor, said Ms. Nuez. "She's supposed to be feeling sick and meanwhile she's feeling great!" she said.

Reducing use of hospital emergency rooms, particularly potential visits like the kind for Ms. Nuez's granddaughter, is one of many goals in New York state's sweeping effort to redesign Medicaid. In fiscal year 2020, the federal-state program for low-income people will cost the state an estimated \$73.9 billion.

But in coming months, New York hospital systems and nonprofit health care networks like Somos Community Care—the umbrella group representing the clinic where Ms. Nuez's granddaughter gets care—face an uncertain future over its funding.

Providers are in a "no man's land," said Evan Brooksby, director of policy analysis and special projects for the Healthcare Association of New York State, a trade group.

Like other states, New York has in recent years shifted away from fee-for-service models and toward value-based care, which rewards providers for quality of care. The thinking is that a more hands-on, personalized and culturally aware system of patient care results in better health outcomes and lower costs overall.

But to develop those systems and train people to provide that kind of community-level care, many health systems and community-based organizations in the state have relied on funds from an experimental initiative called Delivery System Reform Incentive Payment program, or DSRIP, which was launched in 2014. DSRIP, state officials have said, is intended to fundamentally restructure the state's health-care delivery system for Medicaid patients.

In the Medicaid redesign, which began in 2011, New York estimated costs would drop by \$17.1 billion. The state then asked for a portion of those potential savings back from the federal government, roughly \$8 billion, which has funded DSRIP.

The DSRIP program expires in March 2020.

"There's no assurance that anything put in place by the state and the federal government will exist beyond the expiration period," said Mr. Brooksby. Some groups are developing contingency plans as they work on budgets, he said, while others are thinking of ending services.

"Many are making the assumption that DSRIP will expire," he said.

Whether the state can reach an agreement with the federal Centers for Medicare and Medicaid Services is an open question, experts say.

A spokeswoman for the New York Department of Health said the state is actively pursuing a DSRIP waiver renewal. Officials will give a first indication on the future of DSRIP next month. An official proposal to CMS is due in November.

A July report from the United Hospital Fund, a New York nonprofit research group, concluded that with additional time and support the investments from DSRIP [could yield](#)

[a lasting impact](#). DSRIP innovations, researchers found, “have created the necessary conditions to sustain New York Medicaid’s progress on health care and social support access, quality and costs well beyond 2020.”

One of the goals of DSRIP was to achieve a 25% reduction in avoidable hospital use over five years. A June 2019 report from the state health department found that in the last four years, there has been a 21% reduction in potentially preventable admissions and an 18% reduction in the number of avoidable hospital readmissions for populations served through DSRIP.

Officials at Somos—which has a network of some 2,500 doctors in New York City and serves about 700,000 patients, almost all on Medicaid—say that over the last four years, hospital readmissions for their patients fell by 36%, while preventable emergency-room visits were reduced 34%.

To get those results, Somos hired bilingual community health workers and regularly check in on patients. Its neighborhood-based clinics offer expanded care hours, walk-in and weekend appointments, and 24-hour on-call service.

During patient visits, conversation often includes inquiries about depression, abuse and the health of other family members. Patients are screened for nonmedical concerns like housing, food insecurity, work, heating or the need for an air conditioner. Somos staff have been trained to work with other community-based organizations to help families get help for such concerns.

In Queens, elderly patients of Dr. Henry Chen, the president of Somos, book house calls. Patients talk to him about Chinese medicine, but also, for example, are welcome to visit his office as often as needed for help with modern, injectable medicines for diabetes care, he said.

Often, patients who may not be proficient in English bring their mail to Dr. Chen for him to read. “I tell them, ‘I’m your secretary now,’” he said.

Most Somos physicians are immigrants and often doctors see generations of families, said Ramon Tallaj, chairman of the Somos board of directors.

Ms. Nuez, the grandmother, took her own daughter to a Somos pediatrician years ago. Making the trip from Brooklyn to Harlem just to see a familiar doctor who understands Latin culture is worth it, she said.

“I feel comfortable when I come here,” said Ms. Nuez.

Online at:

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