



**Mario J. Paredes**  
Chief Executive Officer  
mparedes@somoscommunitycare.org  
646.979.7613

## **The Federal Government and States Should Not Miss The Opportunity to Reform MEDICAID**

*By Mario J. Paredes*

*01/13/2022*

THE MASSIVE SPENDING BILL just passed by Congress will allow states to drop millions of patients from Medicaid beginning April 1. By some estimates, 18 million people will lose Medicaid coverage in 2023 and 2024, leaving between 3.8 million and 5 million individuals—including many children—without health insurance. States will no longer receive the extra federal funding for new Medicaid enrollees.

When the COVID-19 pandemic first hit in 2020, the government declared the Public Health Emergency, with the provision that states were not allowed to take people off Medicaid. To date, the number of Medicaid recipients nationwide has grown to almost 84 million.

After losing Medicaid, many—but by no means all—people will be able to find coverage through the Affordable Care Act marketplace or through coverage funded or subsidized by employers. ~~And~~ The process of finding new coverage can take a long time, posing the risk that a period without insurance can aggravate health conditions.

Low-income people, especially those with poor English-language skills, are at a particular disadvantage, given their lack of access to the internet or telephone and often a lack of a stable address, so they miss notices of changes in their coverage or fail to provide the needed documentation for the annual renewal of coverage.

There still may be an opportunity to usher in a major reform and innovation of Medicaid, a shift that would sharply improve the quality of care provided to Medicaid recipients and, as a result, saves taxpayers millions of dollars. Such bold action would surely halt the soon-under-way shedding of millions of Medicaid patients.

The promise of transforming Medicaid—especially in an urban setting—has been demonstrated by a network of inner-city doctors in New York City. These 2,500 physicians, most of them primary care providers, are part of SOMOS Community care. They provide care to some 1 million of the poorest New Yorkers, primarily people of color—Hispanics, Asian Americans, and African Americans.

SOMOS got its start thanks to a highly innovative program launched by the New York State Department of Health in the spring of 2014, the Delivery System Reform Incentive Payment (DSRIP) Program. The core of DSRIP is the Value-Based Payment (VBP) formula, which stipulates that physicians are compensated in accordance with the longer-term health outcomes of their patients. The healthier the patient, the greater the doctor's compensation.

The doctor is incentivized to really get to know their patients, taking stock of all their needs, physical, mental, and social. It is thus that a genuine doctor-patient bond is forged—which is proving vital to provide superior comprehensive care.

**WE CARE • NOS IMPORTAS • 關懷我們**

2910 EXTERIOR STREET, 1ST FLOOR • BRONX, NY 10463 • SOMOSNYHEALTH.ORG • 1 833 SOMOSNY (1.833.766.6769)



**Mario J. Paredes**  
Chief Executive Officer  
mparedes@somoscommunitycare.org  
646.979.7613

SOMOS doctors are assisted by Community Health Workers who are active in the community. For example, they remind patients of their doctor's appointments. They also visit patients' homes to get a sense of social factors that impact patients' health: the quality of housing, the financial health of the household, unemployment issues, etc.

CHWs make sure doctors really have a comprehensive grasp of their patients' needs. Moreover, doctors' practices serve as so-called Patient-Centered Medical Homes that facilitate and keep track of all the care a patient receives, including treatment by specialists. Electronic Health Records play a critical role.

These social factors are known as Social Determinants of Health (SDH), a dimension of health care that is still largely overlooked in US health care. Yet, they play such an essential role in people's well-being.

Doctors are called to engage Community-Based Organizations to tackle SDHs. The success of SOMOS makes the case for a far greater investment in SDH research vis a vis the focus on spending on physiological studies, which take up the bulk of health care research.

At SOMOS, the relationship of trust between doctors and patients is further enhanced by ready access to doctors in the community. Plus, there is the fact that SOMOS doctors, in many cases, share the cultural and ethnic backgrounds of the people in their care.

The benefits of this innovation of Medicaid are evident. The fresh approach far outperforms the waste and fraud-prone traditional model of Medicaid care, which is also labyrinthine in terms of accessing doctors. Most significant is SOMOS's ability to produce significant savings for taxpayers.

Patients' conditions, including chronic conditions such as obesity, diabetes, and cardiovascular disease, are kept in check. As a result, SOMOS managed to save the state \$330M by reducing both visits to the Emergency Room and unnecessary hospitalizations.

To envision such an approach to Medicaid at a national level is a fantastic prospect—millions of patients would not have to be kicked off Medicaid, and they would receive superior care. Also, imagine the enormous savings for the states!

*Mario J. Paredes is CEO of SOMOS Community Care, a network of 2,500 independent physicians—most of them primary care providers—serving close to a million of New York 'City's most vulnerable Medicaid patients.*