

A MEDICAID PURGE IS UNDER WAY

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With the pandemic crisis passed, the government has ended special provisions that allowed millions to be covered by Medicaid. Until recently, 93 million people—one in four Americans—were on Medicaid or on the Children’s Health Insurance Program (CHIP). Since pandemic protections ended on April 1, more than 600,000 people have lost their Medicaid coverage. The vast majority lost their coverage because they failed to complete and submit paperwork, as required by state policy.

For example, in Indiana, 53,000 people lost coverage during the first month after the end of pandemic provisions. Almost 90 percent were taken off Medicaid for things like failing to return renewal forms. Many forms were mailed to out-of-date addresses. Activists have urged state officials to give people more than two weeks’ notice before losing coverage. In Florida, 250,000 people lost coverage, 82 percent of them for failing to complete paperwork.

It is clearly unfair to penalize people for failing to fill out and mail in forms. The poor, and especially vulnerable people of color among them, are not adept in dealing with often complicated forms. For those whose first language isn’t English, the process is still more difficult—most forms offer only limited foreign language options. What’s more, many people on Medicaid simply did not know they had to fill out lengthy forms to renew coverage, because during the three years of pandemic provisions renewals weren’t required.

Data from 14 states that began cancellations May 1 show that 36 percent lost Medicaid upon review of their eligibility. Most people will get coverage through their jobs, or they will qualify for coverage through the affordable care act. Nonetheless, millions of others, including children, will become uninsured, losing access to preventive care and basic prescriptions. The uninsured rate will rise from a historical low of 8.3 percent today to 9.3 percent next year.

Going without access to medical care for many will result in untreated chronic illnesses—diabetes, cardiovascular conditions, hypertension—spiraling out of control. These patients will eventually end up in emergency rooms and costly hospital beds, at the expense of state taxpayers. This is ironic given that states looking to purge Medicaid rolls do so to save money.

There is an alternative. The experience of a unique network of inner-city physicians in New York City—most of them primary care providers—demonstrates that affordable, superior care for Medicaid recipients can produce significant savings. The 2,500 doctors are part of SOMOS Community Care and provide care for some 1 million of New York City’s most vulnerable and needy Medicaid recipients, mostly African Americans, Asian Americans, and Hispanic Americans.

SOMOS doctors operate under the Value-Based Payment (VBP) system. VBP stipulates that providers are paid according to longer-term health outcomes of their patients. The healthier the patients, the greater the compensation for the doctor. SOMOS has put in place a model of healthcare that enables and encourages physicians to do their best. The key to success is doctors really knowing their patients and responding to their needs—medical, behavioral, and social. This comprehensive understanding of patients cultivates a strong doctor-patient relationship, with the doctor assuming the role of a trusted figure—not unlike the traditional role of the family doctor who was recognized and respected as a community leader.

Community Health Workers play a critical part as the eyes and ears of SOMOS doctors. They visit patients' homes, reminding patients of doctors' appointments and assessing their living conditions. The home may have mold issues, or money is scarce due to unemployment, and there is no access to education. These factors are known as Social Determinants of Health, which have a significant impact on medical and behavioral health.

Overall care of patients is carefully coordinated and kept track of. SOMOS transforms doctors' practices into Patient-Centered Medical Homes, serving as a portal for patients to access the care that they need. The primary doctor can monitor patients' progress, for example if they must go for treatment to specialists. The patient is never left to wander alone through a labyrinth of difficult to access care, as is the case with traditional Medicaid. Finally, many SOMOS doctors share the background and culture of their patients, another element that builds trust.

Functioning as a part of an innovative health care initiative launched by the New York State Department of Health called the Delivery System Reform Incentive Payment (DSRIP), SOMOS proved superior care produces significant savings. SOMOS succeeded in reducing by 25 percent both unnecessary visits to the emergency room and costly hospitalizations. This accomplishment saved New York State taxpayers \$330M.

Reforming Medicaid—especially by introducing the Value-Based Payment system—would obviate the purging of Medicaid rolls, and instead make for healthier patients and significant saving.



Mario J. Paredes is a member of the Board of Directors of the Latin American Academy of Catholic Leaders.