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The need for a push to innovate Medicaid at the national level

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THE BIDEN ADMINISTRATION has extended provisions of the COVID-19 Health Emergency, which has greatly boosted Medicaid Expansion across the nation. Currently, 89.9 million people are covered by Medicaid. However, in all likelihood, approx. 15 million Americans will lose Medicaid coverage when the emergency provisions draw to a close 90 days from mid-October, as presently slated.

Children and young adults will be impacted disproportionately, with 4.7 adults ages 19-34 and 5.3 million predicted to lose coverage. It is expected that 6.8 million will lose Medicaid coverage even though they still are eligible, a phenomenon known as “administrative churn.”

Insurance options made possible by the Affordable Care Act Marketplace will be a safety net for some who will leave Medicaid, but by no means all.

A snapshot of the situation in Utah shows trouble even with the emergency Medicaid provision in place. About 42,000 children from low-income families in the state have no health insurance at all, 15 percent of the total number of children. In fact, Utah has had one of highest rates of people who are eligible for Medicaid but who aren’t enrolled.

What is needed is an incentive for both patients and health care decision makers to support Medicaid. The program therefore needs an overhaul and demonstrate a strong value proposition. Only then will states keep people on Medicaid, even beyond the government-sponsored Expansion program.

Traditional Medicaid does not fit the bill. It is prone to waste and fraud and patients receive a relatively low level of care. What’s more, patients are challenged by a labyrinthine administrative system, which makes making appointments with a doctor challenging and there is little if any coordination between the primary doctor and specialized caregivers. More often than not, behavioral care and attention for patient’s social circumstances are lacking.

Enter SOMOS Community Care, a network of 2,500 physicians—most of the Primary Care Providers—serving some 1 million of the most vulnerable Medicaid patients in New York City. The patient population is largely comprised of Asian Americans, Hispanics, and African Americans, people of color who have historically received inferior levels of care. In a great many cases doctors share a cultural and ethnic background with their patients.

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SOMOS got its start in 2014 as part of New York State Department of Health’s highly innovative pilot program that compensated physicians not, as is the case with traditional Medicaid according to discrete parts of treatment—a test, an office visit, etc.—but according to the longer-term health outcomes of the patient; the healthier the patient, the greater the doctor’s remuneration.

The program was driven by the Value-Based Payment formula, stipulating that the doctors are rewarded for going the extra mile for the good of the patient. Particularly patients with chronic conditions—cardiovascular disease, diabetes, obesity—require special attention so that these health conditions are not neglected and that patients keep out of emergency rooms and costly hospital beds. SOMOS saved New York taxpayers \$330M by reducing by 25 percent both unnecessary visits to the ER and unnecessary hospitalizations.

SOMOS doctors are also attuned to patients’ behavioral needs. Plus, thanks to Community Health Workers—their eyes and ears in the community—doctors are aware of social conditions, the so-called Social Determinants of Health, that impact patients’ health. Social Determinants of Health include housing issues, poverty, unemployment, lack of access to healthy foods, etc.

A careful portrait of the patient is created and recorded as part of Electronic Health Records. SOMOS doctors’ practices are Patient-Centered Medical homes, offering one-stop access to superior health care, with the primary doctor fully aware of the various treatments and interventions—behavioral, physical, even social—the patient receives.

The doctor truly knows patients and their families, and the doctor-patient relationship is one of trust. SOMOS doctors assume the role of the family doctor of old, a figure with authority in the community.

This approach is a far cry from traditional Medicaid. Providing quality health care and at the same time saving money would hold the key to winning over states to continue significant funding of Medicaid—and keeping people on it, including those perhaps earning a little too much—even after the COVID-19 emergency Medicaid Expansion draws to a close. Taxpayers, doctors, and patients all stand to benefit. Who could argue with that?

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.