Medicaid Redeterminations and Impacts on Healthcare

Errol Pierre, SVP State Programs

October 5, 2023

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1

Who We Are and What We Do

Healthfirst is one of the nation's largest not-for-profit health insurers (based on revenue), offering New Yorkers access to high-quality, affordable care.

Our unique hospital-sponsored model ensures we provide access to high-quality care for our members while keeping medical costs reasonable and spending efficient. This value-based care model has been a catalyst for sustained growth in one of the most dynamic markets in the country.

For 30 years, Healthfirst has worked with its partners to improve health outcomes through better access to care—especially in underserved communities adversely impacted by disease, health disparities, and socioeconomic barriers to optimal health.

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Our Mission & Vision

The company's mission is to work deeply in the communities we serve to ensure that all members have access to high-quality, affordable, and equitable healthcare.

Our vision is to make healthcare easier and more equitable for all New Yorkers.

Our Commitment to Health Equity

At Healthfirst, our commitment to health equity means we are working tirelessly to ensure everyone has a fair and just opportunity to live a healthy life.

Healthfirst ADVANCE is rooted in the collaborative relationship between Healthfirst and its 15 founding hospital systems, local providers, and community partners. Together, we champion the health needs of NY's marginalized populations, who have been adversely impacted by disparities in health and social determinants.

As one of the nation's largest not-for-profit health insurance providers, we're committed to building a healthier future for New Yorkers. ADVANCE encompasses the principles that guide Healthfirst's equity goals.

healthfirst ADVANCE

ADVANCE encompasses the principles that guide our equity goals.

Available to all people, with equal opportunity to access quality care.

Data-informed to close gaps in care and support care continuity and coordination.

Value-driven through hospital, physician, and insurer alignment around optimal care.

Accessible when and where help is needed, so everyone is surrounded with opportunities for healthcare access and continuous insurance with no gaps.

Nurturing and human-centered so it is easy to engage with and navigate.

Community-based with strong ties to services and resources that promote whole-person care and address social determinants of health.

Evidence-based with the best available clinical expertise and research guiding every treatment plan, care decision, and public-health intervention.

Sponsor Hospital Systems

Mount Sinai

The Brooklyn Hospital Center

SUNY Downstate Medical Center

Northwell Health

JAMAICA HOSPITAL MEDICAL CENTER

Montefiore

Maimonides Medical Center

Interfaith Medical Center

NuHealth
Nassau University Medical Center

NYC HEALTH+HOSPITALS

Stony Brook Medicine

SBH St. Barnabas Hospital BRONX

BronxCare HEALTH SYSTEM

ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

NYU Langone Health

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★★★★

Healthfirst has Four-Star-Rated Medicare Advantage Plans Three Years in a Row!
(out of five stars from 2020-2022)

More than 100,000* provider locations in our Medicare Advantage network**

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More than $14 billion
in annual revenue*

One of the nation's largest not-for-profit health insurers**, serving more than
1.8 Million Members*

More than 5,000+ employees

*Based on reported revenue for calendar year 2022.
**Combined NYC, Nassau, Suffolk, Westchester, Orange, Rockland and Sullivan counties
*** As of May, 2022

Healthfirst serves New York City, Long Island, Orange, Sullivan, Rockland, and Westchester Counties*

*not all products available in all service areas   © 2019 HF Management Services, LLC

Healthfirst is a Leader Across Several Dimensions

Top Quality	Value Based Payment	Care for the Sickest Members
▪ Among the top 4 plans in Statewide Medicaid quality incentive program 6 years in a row* ▪ 3.5- or 4-Stars in Medicare Advantage ▪ High-quality long-term care products	▪ One of NYS's largest value-based payment plan* ▪ Supporting safety net providers' transformation planning and through DSRIP and their readiness for value-based payments	▪ Highest risk score in the market, a reflection of members' illness burden*

*https://careers.healthfirst.org/us/en/about-our-company#
**Based on internal analysis of statewide risk scores in Medicaid
^https://www.medicare.gov/plan-compare

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Streamlining Redetermination and Eligibility Processes to Support Continuity of Care
After the End of Continuous Enrollment

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Medicaid Recertifications/Renewal Overview

What's Medicaid Recertification/ Renewal?

Mainstream Medicaid, HARP, CHP, EP, MLTC, MAP, and Medicare Dual members are **required to renew their Medicaid eligibility with New York State annually**

Public Health Emergency

Due to the PHE, the State automatically renewed Medicaid eligibility status and members have not had to take action to update their information with the State.

What Happens When Recerts Start?

Members will need to update their Medicaid eligibility on their renewal date….first renewal cohort are those with recert dates of **6/30/2023***

Membership Confusion

Due to:

- Eligibility changes
- Unsuccessful communications
- Members not understanding the process

*If members fail to recertify on time, they may **lose their healthcare coverage**.*

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*Note: Passage of the federal Consolidated Appropriations Act on Dec. 29 decoupled continuous coverage from the public health emergency (still in effect) and established requirements for "unwinding" redeterminations. State will send member notices based on their system of enrollment (i.e., **March – downstate off exchange, April – upstate off exchange, May – NY State of Health on exchange**)

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Monthly Medicaid/CHIP Enrollment

CA, NY, TX: Sept. 2018 – Sept. 2022
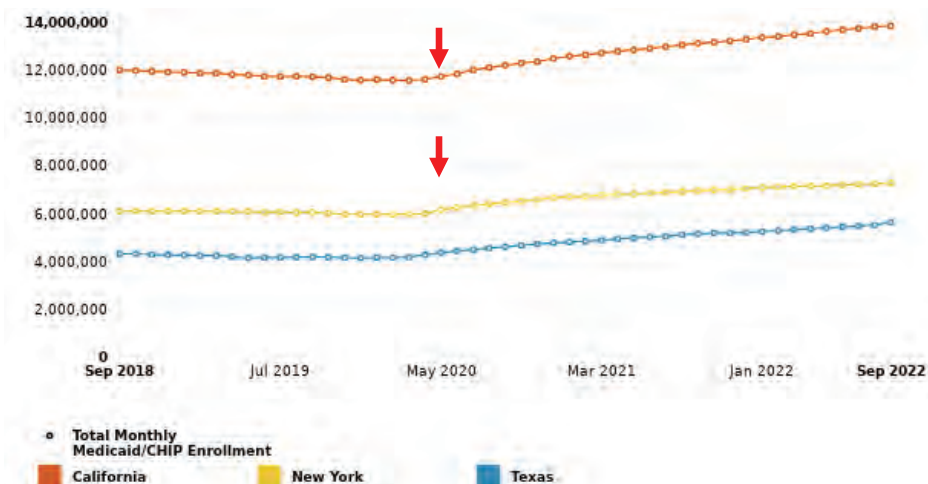
SOURCE: Kaiser Family Foundation's State Health Facts.

Monthly Medicaid/CHIP Enrollment

CA, NY, TX + U.S.: Sept. 2018 – Sept. 2022

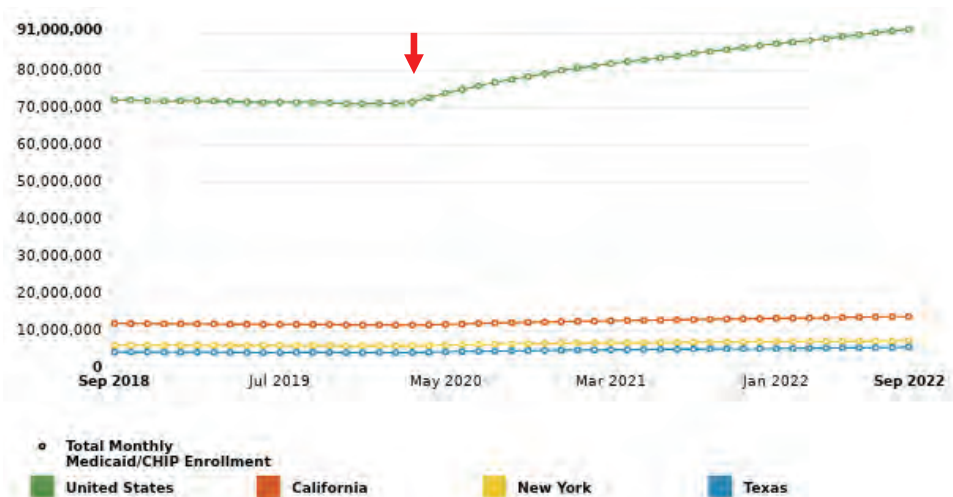
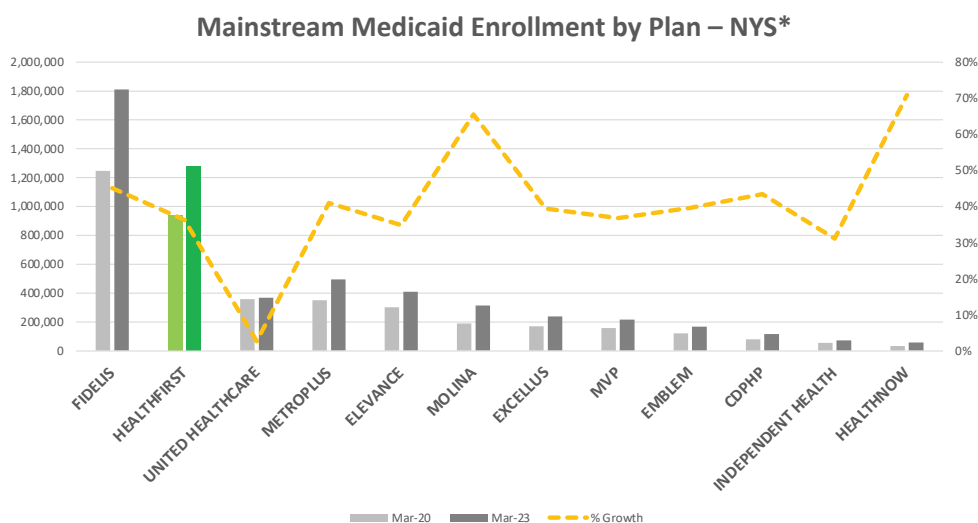SOURCE: Kaiser Family Foundation's State Health Facts.

Medicaid: 38% Growth Over Past 36 Months

Mainstream Medicaid Enrollment by Plan – NYS*

Legend: Mar-20 | Mar-23 | % Growth

*NYS Medicaid Enrollment from March 2020 through March 2023

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National View: Medicaid Recertifications/Renewal

❌ At least 5,205,000 Medicaid enrollees have been disenrolled in 46 states as of August 2023.

⚠️ There is wide variation in disenrollment rates across reporting states, ranging from 72% in Texas to 8% in Wyoming.

📄 Overall, 74% of disenrollments are due to procedural reasons as of August 21, 2023
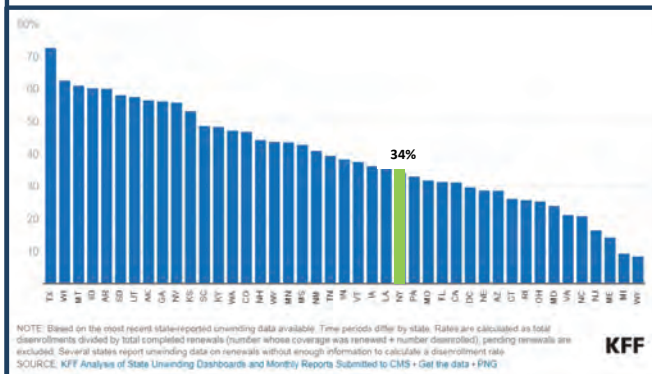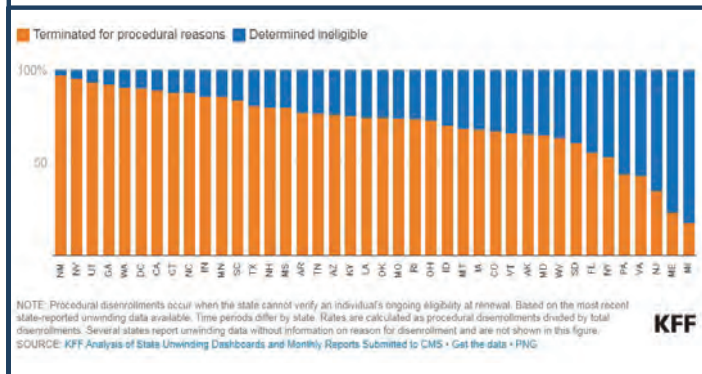
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Medicaid Disenrollments by State

Disenrollment Rates by State

NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as total disenrollments divided by total completed renewals (number whose coverage was renewed + number disenrolled), pending renewals are excluded. Several states report unwinding data on renewals without enough information to calculate a disenrollment rate.
SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • Get the data • PNG

KFF

Disenrollment Reason by State

■ Terminated for procedural reasons ■ Determined ineligible

NOTE: Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as procedural disenrollments divided by total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.
SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • Get the data • PNG

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Uninsured Rates are Expected to Increase Exponentially

Millions of people will no longer be covered by Medicaid over the next 14 months, but some will transition to other forms of coverage.

According to Urban Institute & the Robert Wood Johnson Foundation:

- 18 million people will lose Medicaid coverage by June 2024

- 3.8 million of those will become uninsured

- **New York Projections:**
  Uninsured April 2023: 830,000
  Uninsured June 2024: 988,000
  Difference: 158,000
  Percentage difference: 19%

  * How Many People Might Lose Medicaid When States Unwind Continuous Enrollment? | KFF

  * Update: Awareness of the Resumption of Medicaid Renewal Processes Remained Low in December 2022 (rwjf.org)

According to KFF.org:

- Between 5 million and 14 million people will lose Medicaid coverage during the unwinding of the continuous enrollment provision

- Medicaid Churn will occur with the following projections of disenrollment/re-enrollment

  - 4.2% 90 days or less
  - 6.9% 180 days or less
  - 9.1% 274 days or less
  - 10/3% 365 days or less
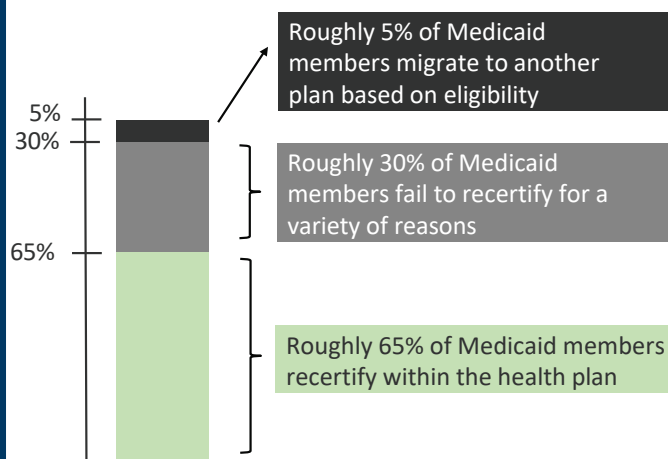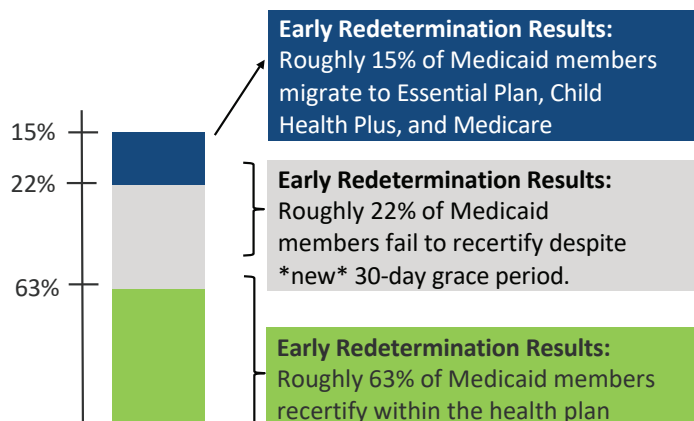
  * State Category | Health Coverage & Uninsured | KFF

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Medicaid Redetermination Profiles

Pre-Pandemic Estimates

5%
30%

65%

Roughly 5% of Medicaid members migrate to another plan based on eligibility

Roughly 30% of Medicaid members fail to recertify for a variety of reasons

Roughly 65% of Medicaid members recertify within the health plan

Early HF Redetermination Results

15%

22%

63%

Early Redetermination Results: Roughly 15% of Medicaid members migrate to Essential Plan, Child Health Plus, and Medicare

Early Redetermination Results: Roughly 22% of Medicaid members fail to recertify despite *new* 30-day grace period.

Early Redetermination Results: Roughly 63% of Medicaid members recertify within the health plan

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Recertification Actions Taken by Health Plans

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Developed a three-pronged recertification campaign focused on (1) member outreach, (2) provider engagement, and (3) community education. Healthfirst will use an omnichannel communications approach to alert members of their recertification driven by data analytics with sensitivity to the language each member speaks. The health plan will also provide easy to access tools, so providers can encourage members to recertify timely and explain where they can receive more educational materials. Lastly, each month, Healthfirst will host upwards of 50 events providing education to the community at large.

Elevance Health

Launched 2 initiatives to ease the Medicaid redetermination process, including creating a web platform that recommends what type of coverage people may qualify for. Elevance Health is also working with providers and community organizations to connect with people who could be impacted by the redetermination process. The program includes educational resources that providers can use as they discuss redetermination with their patients.14

FIDELIS CARE

Launched an extensive educational outreach and awareness campaign to more than 2 million members across all 62 counties in New York State. Fidelis Care's effort include social media, provider education, and community events to assist members in completing their renewal application. Personal help is also available at Fidelis Care's 24 community offices across New York State, and by visiting the plan's fleet of more than 75 "Streetside" RV locations.

MOLINA HEALTHCARE

Developed an online **Redetermination Provider Toolkit** which contains a list of frequently asked question and other valuable resources to help providers work with patients to navigate the redetermination process. Molina also is leading an awareness campaign that includes text messages, emails, outreach calls, and social media engagement to remind members to take action.
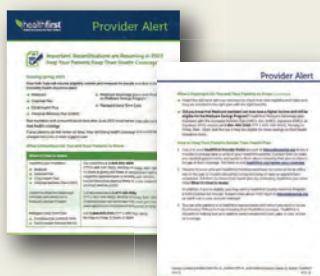
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Provider Engagement with Recertification

Healthfirst Provider Toolkit

Provider Alert Available on:
- *HFProviders.org Website*
- *Provider Portal*
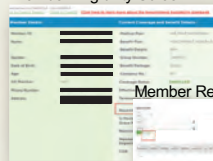- *Email Blast*

Provider Town Halls

Detailed Instruction Guide

Online Rep Appt Scheduler

Member Eligibility Screen

EMedNY / EPaces

CUTS (risk-taking providers only)

Member Renewal Roster

Recert Date Available on:
- *Provider Portal – Eligibility Screen and Member Renewal Roster*
- *EMedNY / Epaces*
- *CUTS (risk-taking providers only)*

19

Predictive Analytics = Outreach Priority

Medicaid Churn Model

- Models developed to predict members' likelihood to disenroll in three months.

- The most powerful predictors include:
  - member's tenure
  - age
  - citizenship
  - language
  - race
  - number of enrollees on plan
  - office visit
  - % claim in network
  - marital status
  - language,
  - Rx cost, and
  - frailty index

Ability to Manage

- Members are placed into cohorts based on profiles.

- Members can change between cohorts based on behavior.

- Cohorts are used for the basis of outreach determining method, frequency, timeframe, etc.
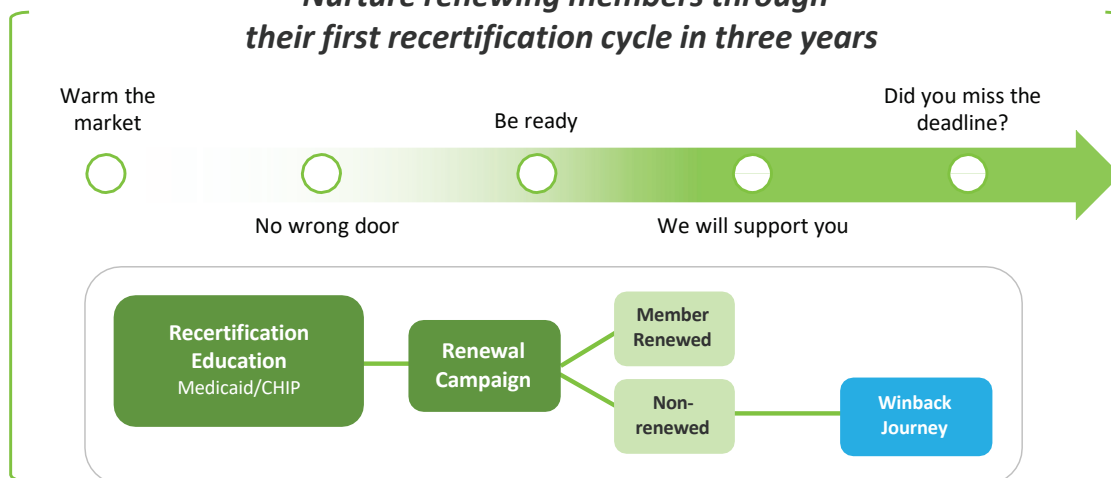
20

Member Focus: Personalized Campaign

Nurture renewing members through their first recertification cycle in three years

Warm the market

Be ready

Did you miss the deadline?

No wrong door

We will support you

Recertification Education
Medicaid/CHIP

Renewal Campaign

Member Renewed

Non-renewed

Winback Journey

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Medicaid Renewal Campaign

Renewal Campaign Elements and Timeline

Day 60	Day 55	Day 45	Day 35	Day 25	Day 15	Day 0
NY State Notification	Email / SMS Text	Call Centers	Direct Mail	Email	SMS Text	Plan Ends

outbound calling begins Day 45 and continues →

60-day grace period begins

Winback Campaign in Development
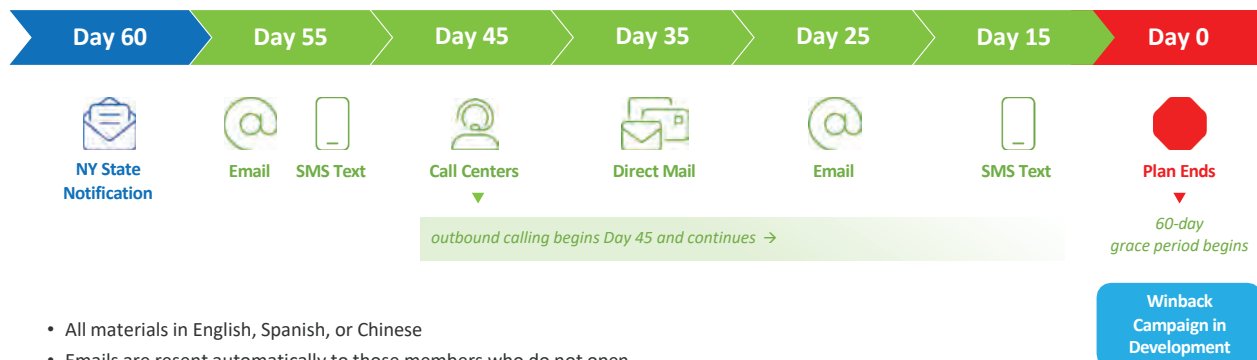
- All materials in English, Spanish, or Chinese
- Emails are resent automatically to those members who do not open them four days following first send
- Winback Campaign is suspended as soon as members take action to recertify

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Redetermination Dashboard

Helps teams strategize and plan their actions

Monthly insights are published and shared with various internal stakeholders.

- Monthly insights are published and shared with various internal stakeholders.

- Dashboard includes members' profile/cohort and redetermination month with additional features describing members':

  - Demographics
  - Neighborhood of residence
  - Provider groups and PCPs who provide care for the members

- Provides insights into distribution of risk of disenrollment by region.

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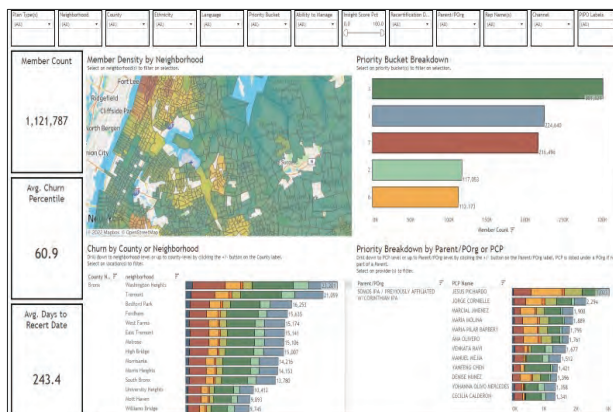
Questions/Open Discussion

Contact:

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Digital Health Literacy and Digital Inequity as Social Determinants of Health

John Dionisio

Chief Information Officer

Somos Community Care

October 5, 2023

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Purpose and Objectives

PURPOSE
Assess SDOH needs and requirements and leverage the use of technology

OBJECTIVES

- Identify advancements in digital health
- Discuss infrastructure requirements to use digital health
- Determine policy level issues required
- Identify potential solutions to existing barriers to access

FINANCIAL DISCLOSURE
No financial disclosures

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Agenda

- Technology Perspectives
- Social Needs
- Infrastructure Policies
- Case Studies
- Potential Somos Use Case

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Who Am I?

- Chief Information Officer and one of the founders of SOMOS Community Care
- Fifteen years of experience in healthcare technology, managed care, value-based strategy and business development
- Personal mission to help serve Somos physicians so they can serve Medicaid patients

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Technology at your fingertips

- How many apps do you have on your phone?
- Can access stocks, banking, car's oil life, or tracking your pizza
- Tracking health?

Telehealth Catapulted by COVID
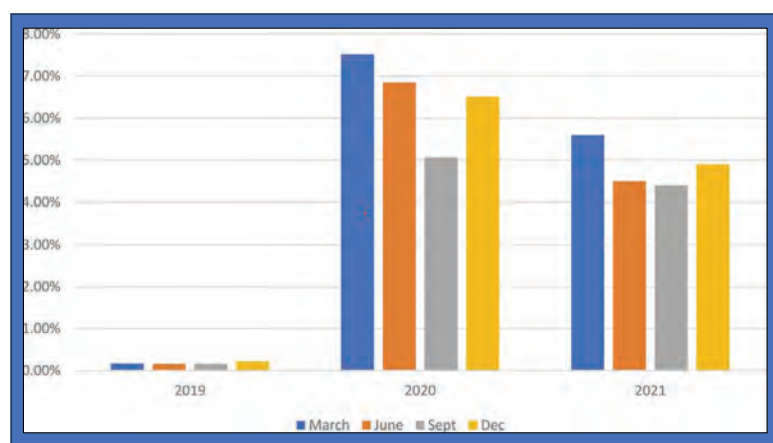
- Percentage of total claims submitted[1]
- Summer of 2023 has regional variations but is holding at 4% to 7%[2]

Relaxed Regulation to Now…

- Office of Civil Rights and Health and Human Services

> *OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.*
>
> *Office of Civil Rights, Jan 2021[3]*

- What'sApp, SMS, Apple products (ie FaceTime)
- Personal experience with 'compliant' telehealth applications
- Back to in-person visits
- Some specialties continue to see consistent telehealth visits
- Great case study on Health Literacy

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Provider's Perspective

- ePrescribe
- Secure messaging
- Some orders
- Quick reference
- Some tools are better than others
- Potential for high adoption
    - AMA study shows 85% positive perception in 2016 to 93% in 2022[4]
    - However intentions are high but actual usage is low

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Consumer's Perspective[5]

- 'Consumer'
- Mindfulness/meditation apps
- Meds trackers
  - Gamification App (MangoHealth[6])

21.8%

in a 2018 IQVIA study, 21.8% of hypertensive patients became adherent after starting Medisafe. Persistence increased significantly in patients across Hypertension, Depression, and Diabetes.
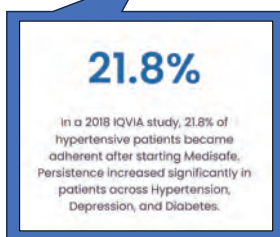
- Tracking steps, general activity
- Remote Patient Monitoring
- For comparison:
 - Peak – 1.9m Active Users (AU)[7]
  - Chase Mobile Banking – 44m AU[8]
  - Domino's Pizza – 7.9m AU[9]

The 10 Most Downloaded Mobile Behavioral Health Applications on the Apple App Store and Google Play Marketplaces

Name	Developer	Type	Downloads Total No., millions	Rank[a]	Stickiness Score[b]	Rank[a]
Peak - Brain Training	brainbow	Cognitive training	42	1	2.13	17
Lumosity: Brain Training[c]	Lumos Labs	Cognitive training	27	2	2.63	13
Headspace[c]	Headspace	Meditation	26	3	3.18	10
Calm	Calm.com	Meditation	25	4	2.11	18
Relax Meditation P: Mindfulness Sounds White Noise[c]	Ipnos Software	Meditation	15	5	2.48	14
Fabulous - Daily Self Care	Fabulous	Health coach, behavior tracking	6	6	0.57	45
Daylio Journal	Relaxio s.r.o.	Mood tracking	6	7	0.90	37
Insight Timer - Meditation App	Insight Network	Meditation	5	8	2.19	16
Stop, Breathe & Think	Stop, Breathe & Think	Meditation	4	9	1.82	21
Sanvello for Stress & Anxiety	Sanvello Health	Meditation, mood tracking, peer support	3	10	1.03	35

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Somos Patient's Perspective

- Tough to quantify – mostly anecdotal
- Informal survey
  - 'Medicaid >90% patients have smartphones'
  - 'Medicare <50% of patients have smartphones, <u>but they have a caregiver that does</u>'
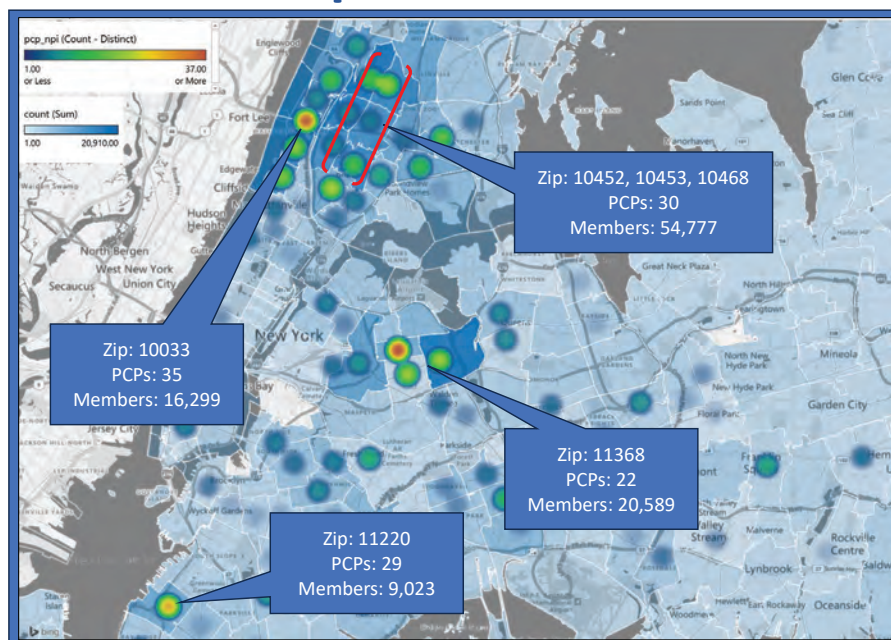- [Technology] Barrier #1: Unknowns
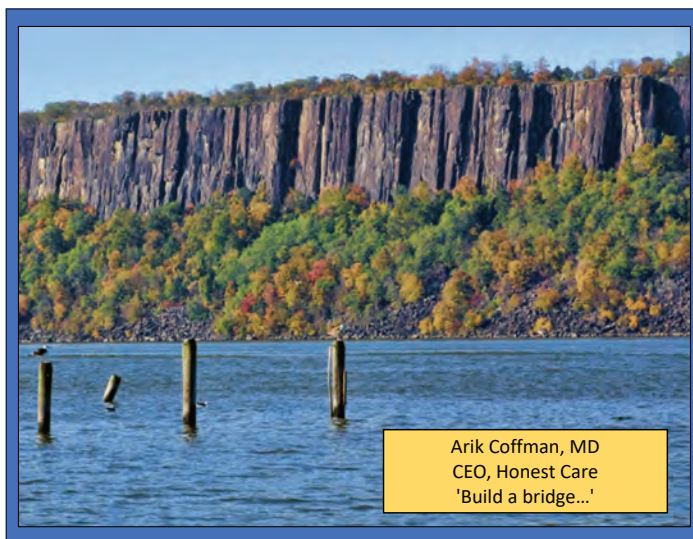
Arik Coffman, MD
CEO, Honest Care
'Build a bridge...'

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Somos Patients' Perspective

How to Determine Social Needs

- We can ask
- American Healthy Communities survey
  - Family and Home
  - Food, Money and Resources
  - Social, Emotional Health and Safety
  - Transportation
  - Other Supports
- Can go a step further
  - Do you have a smartphone?
  - Do you access digital information related to your health? Your loved ones?
- **Technology Barrier #2: Access and User Experience**

Somos Patients' Perspective

- Somos is conducting a Participation Survey with its members to address 'the unknown' barrier – English, Spanish and Chinese

- We need your help to reach patients in all areas of New York City – the need in Washington Heights can be very different than the needs in Sunset Park.

https://somoscommunitycare.org/survey/

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White House BEAD Program[10]

Largest Internet Funding Announcement in History Kicks Off Administration-Wide Investing in America Tour

High-speed internet is no longer a luxury – it is necessary for Americans to do their jobs, to participate equally in school, access health care, and to stay connected with family and friends. Yet, more than 8.5 million households and small businesses are in areas where there is no high-speed internet infrastructure, and millions more struggle with limited or unreliable internet options. Just like Franklin Delano Roosevelt's Rural Electrification Act brought electricity to nearly every home and farm in America, **President Biden and Vice President Harris are delivering on their historic commitment to connect everyone in America to reliable, affordable high-speed internet by the end of the decade.**

- **Barrier #3 Infrastructure**
- Broadband Equity Access and Deployment Program
- $42B infrastructure program
- 'internet for all'

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New York's Affordable Connectivity Program[11]

- Households can receive a $30 monthly discount on internet services
- Qualification requirements – Medicaid recipients qualify immediately
  - Can also qualify if household participates in or receives:
    - SNAP, WIC, SSI, FPHA, Veteran's/Survivor's Pension Benefits
    - Pell Grant
    - Free or reduced lunch
  - Meet income requirements (200% of FPL)
- Funding also available state-wide
- Is this enough?

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Other Policy-level Issues

- Means-testing[12] – how to simplify?
  - Not just for Medicaid eligibility
  - Free internet
- Artificial Intelligence governance
- Patient-level consenting (pre-cursor is effective data governance)
- Others?

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Case Study #1 e-Estonia[13]

- 'Borderless country'
- 'Once-only' policy
- Traditional loan applications vs Estonian loan application
  - Integrated systems:
    - Demographics
    - Work history and income
    - Credit score
    - Banking/savings
  - Applicant approves access

Case Study #2 India Stack[14]

- Frail institutions, new infrastructure
- Primary Goals: Financial access and social inclusion
- In 2016, PayTM provided chai vendors with cell phones with pre-installed PayTM app to send, receive and access payments[15]
- Vendors can then use PayTM to pay for goods and services (groceries, electricity bill), without need for cash or a credit card

India Stack

- Various components
  - Aadhaar – identifier (ie SSN) + Biometrics
  - eKYC – 'Know Your Customer'[16] – identity authentication and verification
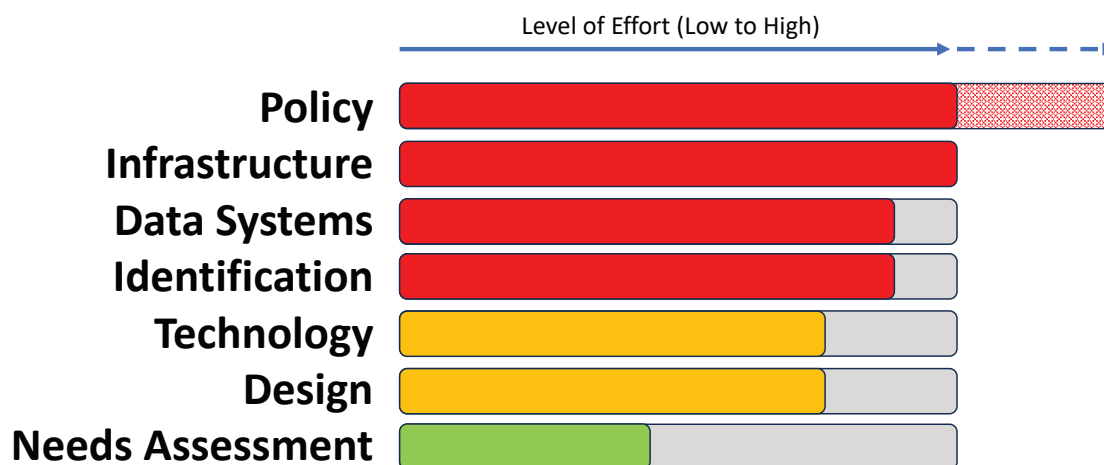 - UPI – how payment systems talk to each other (ie Zelle to pay PayPal to pay Venmo)
  - Others

India Stack

- **Barrier #4 Government Involvement**
- Revolutionized payment structure in India
- Happened in 2016 – almost 'overnight' by government standards
- Major Factors:
  - Government
  - Demonitization
  - Expensive and non-prevalent credit/debit card use
- Minor Factors:
  - Convenience
  - User experience

Tackling Disparities[17]

Level of Effort (Low to High)

Category	
Policy	
Infrastructure	
Data Systems	
Identification	
Technology	
Design	
Needs Assessment	

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e-Somos/Somos Stack?

- Two different case studies but commonalities exist
- Let's start with basics: countless applications requiring countless paperwork:
    - Medicaid
    - Welfare
    - Housing
    - Food Benefits (SNAP and WIC)
    - Others
- If we mimic Estonia's digital-first, 'once-only' approach, can reduce burden on applicant[17]
- Impact to recertifications, loss of benefits − impact to health![18]

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Somos Stack?

Data → Somos IT → Administration / Provider / Patient / Intelligence

Administration:
- Risk Adjustment
- Quality
- Clinical Documentation
- Supplemental Data
- Membership

Patient:
- Welfare
- Medicaid/Recert
- SNAP/WIC
- NYCHA
- CDPAP
- Bills
- School forms
- Affordable Internet
- Free Smartphones

Best Part:
Everything talks to each other!

Data Warehouse → Reports
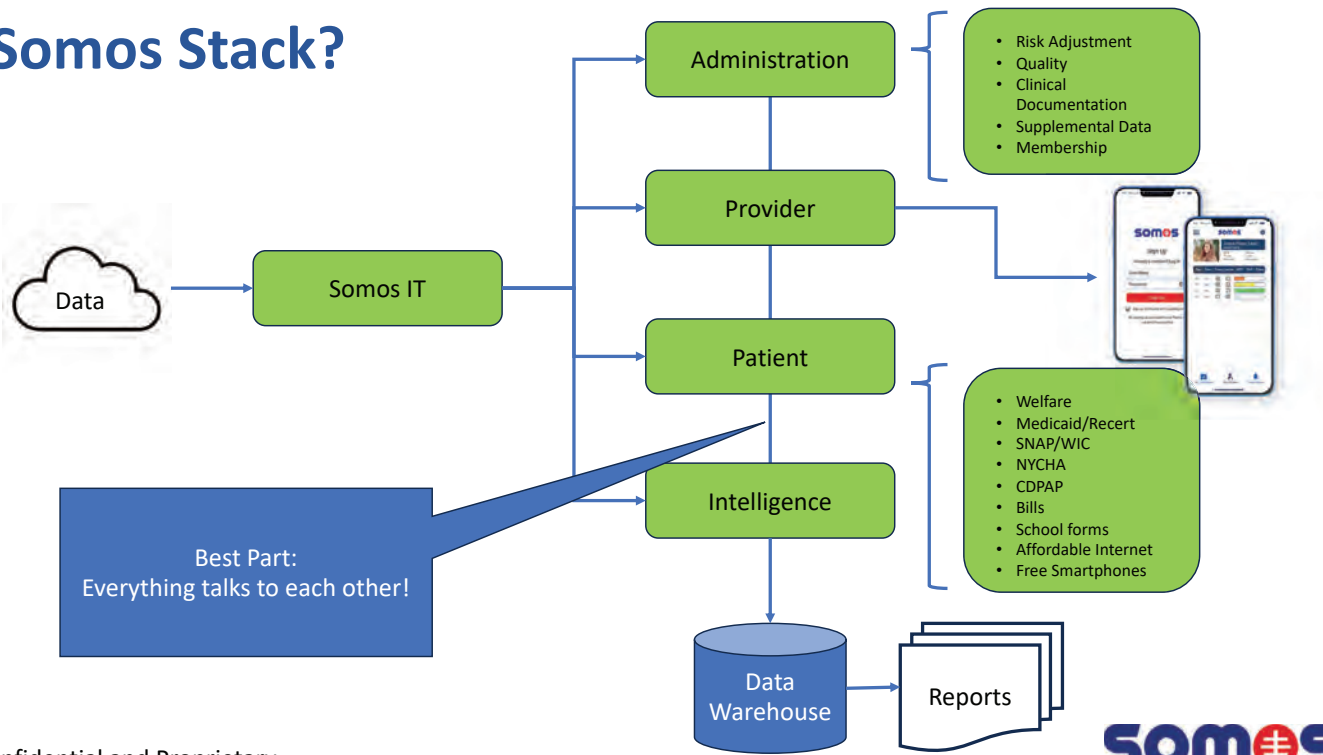
Confidential and Proprietary

SOMOS

Provider Technology

Rankings

My Schedule

My Patient List

Notifications

SOMOS

Provider Technology
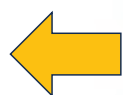
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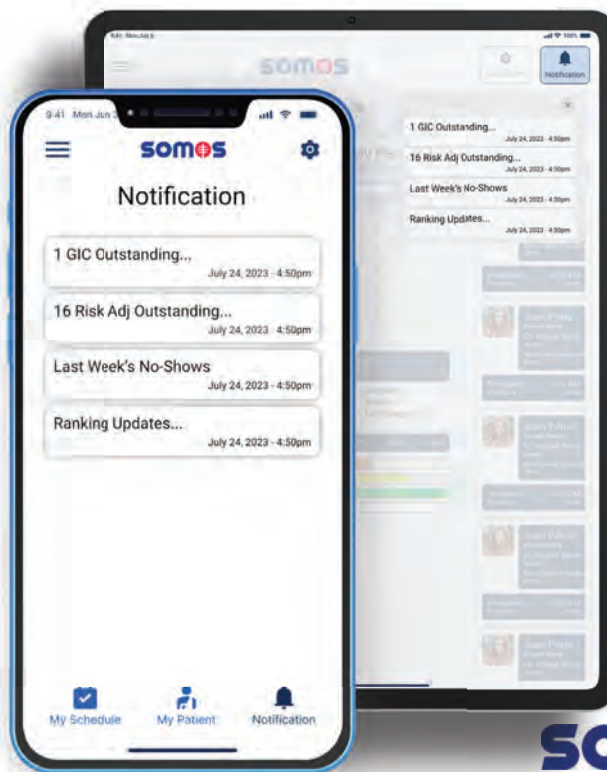No Show
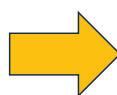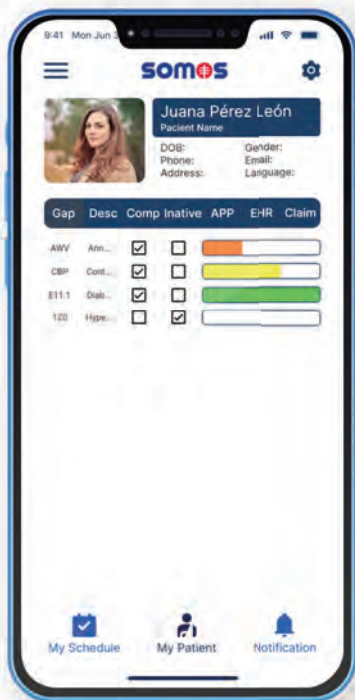
Swipe Right
=
Visit
Complete

Patient Card

All Checked – Complete Visit

None/Some Check – Open

Active/Inactive for Risk Adj

Provider Technology

Notifications

Real-time Feedback

Summary

- Health Policy = high level of effort
- Start small = needs assessment, layer in technology
- Other country-wide technological efforts have been rolled out successfully
- How can we start the conversation about bringing some of this to Somos?

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References

1. NIH The State of Telehealth Before and After the COVID-19 Pandemic https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9035352/

2. FAIR Health Current Telehealth Trends https://www.fairhealth.org/fh-trackers/telehealth

3. OCR HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

   https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.htm

4. AMA Digital Healthcare 2022 Study - https://www.ama-assn.org/about/research/ama-digital-health-care-2022-study-findings

5. NIH Study - App Stickiness - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7399748/#zld200080r5

6. Mango Health Improvement Statistic - https://www.gamification.co/2014/08/12/mobile-app-rewards-taking-medication/

7. Peak Active Users - https://www.newswire.ca/news-releases/popreach-completes-acquisition-of-award-winning-peak-brain-training-app-802703656.html

8. Chase Active Users - https://media.chase.com/news/chases-2021-digital-banking-attitudes-study

9. Domino's Pizza Active Users - https://www.businessofapps.com/news/dominos-pizza-reports-46-surge-in-app-users/

10. White House BEAD Program – https://www.whitehouse.gov/briefing-room/statements-releases/2023/06/26/fact-sheet-biden-harris-administration-announces-over-40-billion-to-connect-everyone-in-america-to-affordable-reliable-high-speed-internet/

11. NY ACP - https://access.nyc.gov/programs/affordable-connectivity-program/#what-you-need-to-include

12. Means Testing – https://www.irp.wisc.edu/resource/elizabeth-linos-on-reducing-stigma-to-increase-participation-in-safety-net-programs/

13. E-Estonia – https://www.newyorker.com/magazine/2017/12/18/estonia-the-digital-republic

14. India Stack - https://indiastack.org/index.html

15. Demonitization of Rupees - https://rbi.org.in/Scripts/BS_PressReleaseDisplay.aspx?prid=38520

16. Know Your Customer - https://uidai.gov.in/images/aadhaar_ekyc_api_2_0.pdf

17. SDOH and Health Outcomes – shttps://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150122

18. Digital Republic to Reduce Health Disparities - https://www.researchgate.net/publication/369437147_Commentary_Building_a_digital_republic_to_reduce_health_disparities_and_improve_population_health_in_the_United_States

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