



July 12, 2017

Seema Verma, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-9928-NC
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-9928-NC; Request for Information: Reducing Regulatory Burdens Imposed by the Patient Protection and Affordable Care Act & Improving Healthcare Choices to Empower Patients

Submitted electronically via <http://www.regulations.gov>

Dear Administrator Verma,

Trinity Health appreciates the opportunity to comment on the request for information (RFI) set forth in CMS-9928-NC. Our comments and recommendations to the Centers for Medicare and Medicaid Services (CMS) reflect Trinity Health's strong interest in public policies that support better health, better care and lower costs to ensure affordable, high quality, and people-centered care for all.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. Trinity Health includes 93 hospitals, as well as 121 continuing care locations that include PACE, senior living facilities, and home care and hospice services. Our continuing care programs provide nearly 2.5 million visits annually. Committed to those who are poor and underserved, Trinity Health returns almost \$1 billion to our communities annually in the form of charity care and other community benefit programs. We have 35 teaching hospitals with Graduate Medical Education (GME) programs providing training for 2,080 residents and fellows in 184 specialty and subspecialty programs. We employ approximately 131,000 colleagues, including more than 7,500 employed physicians and clinicians, and have more than 15,000 physicians and advanced practice professionals committed to 22 Clinically Integrated Networks that are accountable for 1.3 million lives across the country.

We appreciate CMS' articulated goal of creating a more patient-centered health care system that adheres to the key principles of affordability, accessibility, quality, innovation, and empowerment. If you have any questions on our comments that follow, please feel free to contact me at wellstk@trinity-health.org or 734-343-0824.

Sincerely,

A handwritten signature in black ink that reads "Tonya K. Wells". The signature is written in a cursive style and is contained within a thin black rectangular border.

Tonya K. Wells
Vice President, Public Policy & Federal Advocacy
Trinity Health

Trinity Health believes that stabilizing the Affordable Care Act's (ACA) Health Insurance Marketplaces through 2018 and beyond is critical for payers, providers, and most importantly for the consumers that rely on them. As part of Trinity Health's commitment to ensure coverage for all, we have become a national leader in advancing sustainable and fair Marketplace policy and maximizing enrollment. Across the country, we have led community outreach and partnerships to help enroll eligible individuals outside the four walls of our facilities; built partnerships with local, state and national organizations and leaders to educate the uninsured on coverage options; and raised awareness on enrollment opportunities through diverse media campaigns. We are also serving Marketplace populations in partnership with payers by participating in several high-performance, coordinated networks across the country. Shaping policy to improve Marketplace functions by educating policymakers on lessons learned, supporting states to play active roles in plan management and consumer assistance functions, and influencing key issues for consumers such as benefit design, plan participation and coordination with Medicaid is of critical importance to Trinity Health.

CMS is soliciting comments on the following four issue areas through this RFI:

1. **Empowering patients and promoting consumer choice.** What would best inform consumers and help them choose a plan that best meets their needs? Which regulations currently reduce choices of how to finance their health care and health insurance needs?
2. **Stabilizing the individual, small group, and “non-traditional” insurance markets.** What changes would bring stability to the risk pool, promote continuous coverage, increase the number of younger and healthier consumers purchasing plans, reduce uncertainty and volatility, and encourage uninsured individuals to buy coverage?
3. **Enhancing affordability.** What steps can HHS take to enhance the affordability of coverage for individual consumers and small businesses?
4. **Affirming the traditional state authority of the States to regulate health insurance.** Which HHS regulations or policies have impeded or unnecessarily interfered with States' primary role in regulating the health insurance markets they know best?

Empowering Patients and Promoting Consumer Choice

Trinity Health urges CMS to create a more streamlined consumer shopping experience in the Marketplaces. Specifically, we encourage the development and promotion of simple tools that allow consumers to choose between coverage options and be informed purchasers.

These tools should include transparent, meaningful information—in an easy-to-understand format—on covered benefits, provider networks, out-of-pocket costs, plan quality and consumer satisfaction. The tools should include comprehensive drug formulary information, including tiering, so that patients can understand what drugs are covered and the associated cost-sharing requirements. Lastly, the tools should allow Marketplace consumers to enroll in a selected plan in a reasonable amount of time with assistance of a highly-functioning cost calculator.

Furthermore, CMS is encouraged to reduce regulatory barriers to innovation in employee and workplace wellness programs. The ACA created new incentives and built on existing wellness program policies to promote employer wellness programs and encourage opportunities to support healthier workplaces. Final regulations issued by the Equal Employment Opportunity Commission (EEOC) would change standards applicable to certain workplace wellness programs that use incentives to encourage workers to provide personal health information. The notice and other requirements in the EEOC regulations hinder the development of innovative workplace wellness programs. The EEOC and ACA regulations should be harmonized and scaled back.

Stabilizing Individual, Small Group, and Non-Traditional Markets

Trinity Health urges CMS to support policies that will stabilize the Marketplaces for all consumers. Marketplace stabilization will promote affordability and incentivize people to purchase insurance as well as responsibly use health care services. **Cost-effective mechanisms, specifically reinsurance and wrap-around risk adjustment, should be implemented—and funded—to bring stability to risk pools. High-risk pools have had limited success in ensuring access to those with pre-existing conditions, and have also been financially prohibitive to enrollees and states. Therefore, Trinity Health urges CMS to support and fund reinsurance and risk adjustment policies that promote affordable coverage incentivizing people to purchase insurance and responsibly use health care services.** Trinity Health also encourages CMS to consider adopting the CMS HCC risk model as applied to Medicare Part C in lieu of the CMS Commercial HCC risk model currently applied for the Marketplace enrollees to prospectively risk adjust insurer payments.

Furthermore, we encourage CMS to ensure adequate eligibility periods that ensure continuity of care for patients and to increase the duration of open enrollment periods to give consumers more opportunities to enroll in coverage that best meets their needs. Lastly, we urge CMS to adequately fund outreach and enrollment—particularly outreach and enrollment focused on young adults—including public service announcements (PSAs), advertising, and the use of enrollment navigators, among other mechanisms.

Enhancing Affordability

Trinity Health urges HHS to eliminate financial uncertainty for plans and enrollees in the Marketplaces. **Specifically, we urge HHS to fully fund cost-sharing reductions (CSRs), which are critical to increasing plan participation and to make plans affordable for individuals and families.** We also encourage CMS to advance Marketplace policies that promote value-based payment and care. CMS should promote delivery system reforms that reward quality and value and promote care coordination in Marketplace plans, including patient-centered medical homes, accountable care organizations, and episodes of care. Support for clinically integrated networks and integrated delivery systems is critical to making coverage choices more affordable. **Specifically, Marketplace plans should be incentivized to include provider networks that deliver patient-centered, quality care—such as alternative payment model categories three and four as defined by the Health Care Payment Learning and Action Network (LAN).** Additionally, plans should be encouraged to invest in population health to advance prevention and upstream interventions that address the social determinants of health.

Trinity Health urges CMS to provide for a broad range of plan and benefit options that not only promote choice and responsible use of health care services, but offer financial protection and do not impose barriers to accessing needed care. Specifically, Trinity Health believes that if health savings account (HSA) plans are offered in the Marketplace that significant education and value-based insurance design should be incorporated. It is important that enrollees understand when to select, and how to appropriately use, an HSA plan. We believe that many plan selections rely on premium price as the driving factor and that HSA plans could attract members who do not fully understand the benefits and limitations of such a plan. This is particularly important for enrollees with chronic health conditions. The financial barriers created by HSA plans to patients seeking primary care and preventive care make managing the health of a population difficult. **Therefore, if HSA high-deductible plans are offered in the Marketplace, it should include significant education of enrollees and adopt a flexible benefit design that offers protection for certain medical services through a value-based insurance design plan structure.** For example, a targeted strategy exploring coverage for certain high-value, clinically-indicated health services prior to meeting the deductible will produce more effective high-value health plan designs.

Trinity Health also encourages CMS to remove regulatory barriers to allow consumers to access third-party payments from non-profit charitable organizations. **Specifically, Trinity Health supports**

CMS expanding the list of entities from which issuers are required to accept third-party payments to include not-for-profit charitable organizations. Third party payments from these organizations will improve affordability of coverage and care for Marketplace enrollees.

Lastly, Trinity Health urges CMS to eliminate burdensome regulatory requirements that increase hospital administrative costs. For example, regulatory requirements related to Section 1557 of the ACA require hospitals to replicate all significant communications on websites, posters, forms, etc. in at least the top 15 languages. This places burdensome and unnecessary requirements upon health care providers without a clear benefit to patient care. Hospitals already provide interpreter services. **Specifically, HHS should review the existing Section 1557 provisions and identify opportunities to streamline those requirements with existing services that providers are offering to overcome language barriers.**

Affirming the Traditional Regulatory Authority of the States

Trinity Health believes there is a role for both the state and federal government in this regulatory schematic. Creating a strong state-federal partnership in the establishment and enforcement of network adequacy requirements, for example, is important to ensuring access to care, including safety-net providers. However, **Trinity Health strongly supports consistency in the development and enforcement of these standards to reduce unnecessary regulatory and administrative burden.** State by state variations are costly and inefficient, as Trinity Health operates in 22 states. A strong state-federal partnership facilitates consistency that is cost effective and improves access to care. State regulators should continue to play a role in ensuring that premium rates and increases are fair and promote better health, better care at lower costs by keeping premiums competitive, lowering payer administrative costs, meeting quality standards and accreditation requirements. **In conclusion, we believe that both CMS and states have important roles and should work in close partnership to ensure consistency, promote sustainability of plan pricing across markets and enable payers and providers to deliver better health, better care and lower costs.**