Trinity Health is committed to building a People-Centered Health System that enables better health, better care and lower costs. With this people-centered approach, we believe more Americans will thrive. We are dedicated to the moral and programmatic proposition that people-centered begins with people covered:

- Morally, health care is a basic human need required for people to flourish.
- Pragmatically, comprehensive coverage allows people to use the health care system more effectively, leading to increased provider and payer accountability, lower costs, a healthier population and a more vibrant economy.

Coverage is critical to the advancement of value-based care and payment models. We believe that no other policy initiative holds more promise than value-based care to improve the affordability of health care and to moderate entitlement spending in our country. Trinity Health has a long history of being committed to rapid, measureable movement toward value in the delivery of—and payment for—health care.

All of us have a role to play—from providers and insurers, to individuals and employers—in advancing the transformation necessary to ensure we all have access to a high-quality, cost-effective and people-centered health system. Although not without its flaws, the Affordable Care Act did significantly expand coverage access. However, access to affordable coverage options is currently limited in some communities across the country. We believe that for all Americans to thrive, access to affordable coverage and a stable marketplace must be assured.

This “Essential Elements: People-Centered Begins with People Covered” is our vision of health care transformation success, and is available to encourage health care leaders, community members, patients and policymakers to engage in the dialogue needed to move our health care system to one that ensures high-quality, cost-effective, people-centered care for all.
Essential Elements: People-Centered Begins with People Covered

People need coverage options that are:

**Affordable**

Affordable coverage will incentivize people to purchase insurance and responsibly use health care services. In order to achieve affordability, we need:

- Well-functioning and stable insurance markets including mechanisms to avoid or compensate for adverse selection.
- Continued access to Medicaid for those up to 138 percent of the federal poverty level (FPL).
- Sliding-scale financing to enable those least able to pay, from 138 percent to 400 percent of the FPL.
- Cost-sharing mechanisms that encourage prudent purchasing without discouraging needed care, especially preventive and primary care.
- Incentives/mechanisms to compel healthy individuals to participate in and employers to offer insurance to employees.
- Effective payment models that improve provider accountability for health outcomes and that reduce cost.
- Public health approaches aimed at prevention and upstream interventions that address social determinants of health.

**Secure**

Genuine coverage with adequate insurance protections will offer people security from untenable financial risk. Protections must include:

- Continuous, stable coverage across programs regardless of life changes, state of health or employment status.
- Guaranteed issue without exclusion for pre-existing conditions.
- Safeguards preventing the use of annual or lifetime caps on coverage.

**High-functioning**

Coverage that is high functioning will be simple to access. It will use affordable cost-sharing mechanisms, and will allow people to seek appropriate care from high-quality, cost-effective providers. High-functioning coverage includes:

- A strong and innovative state safety net that includes sustainable federal funding for Medicaid and State Children’s Health Insurance Programs (CHIP), and continued support for the 340B program.
- Continued exploration of existing 1115 and 1332 waivers to promote state innovation.
- Transparent requirements for provider network adequacy that balance access, affordability and the integration of coordinated care that consumers can understand.
- Simple tools that allow consumers to choose between coverage options through the provision of meaningful information; for example, covered benefits, provider networks, and out-of-pocket costs.
- A uniform, core benefits package that includes behavioral health, prescription drugs and prevention services.
- A framework that includes personal responsibility for health, including self-management of chronic conditions.
- Benefit designs that avoid disproven high-deductible models, and instead provide low- or no-cost sharing for care that improves outcomes for patients.

**Catholic Health Ministry Core Values Underlying this Vision:**

- Every person possesses inherent dignity from conception to natural death.
- Every person deserves respect.
- Public policy should serve the common good.
- Health care is a basic human right.
- Concern for the poor is a moral measure of society.
- Responsible stewardship of resources is critical.
- Respect for pluralism should prevail, particularly as it pertains to the religious and ethical values of patients and providers.

Digital Access: [http://advocacy.trinity-health.org/](http://advocacy.trinity-health.org/) • [advocacy@Trinity-Health.org](mailto:advocacy@Trinity-Health.org)

**Mission:** We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

**Core Values:** Reverence • Commitment to Those Who Are Poor • Justice • Stewardship • Integrity