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The Honorable Donald Trump
President-Elect of the United States of America
Office of the President-Elect

The Honorable Mike Pence
Vice President-Elect of the United States of America
Office of the President-Elect

The Honorable Mitch McConnell
Majority Leader
United States Senate

The Honorable Charles Schumer
Democratic Leader
United States Senate

The Honorable Paul Ryan
Speaker
U.S. House of Representatives

The Honorable Nancy Pelosi
Democratic Leader
U.S. House of Representatives

The Honorable Tom Price, M.D.
Secretary-Designate
Department of Health & Human Services

Ms. Seema Verma
Administrator-Designate
Centers for Medicare & Medicaid Services

Dear President-Elect Trump, Governor Pence, Majority Leader McConnell, Senator Schumer, Speaker Ryan, Representative Pelosi, Representative Price, and Ms. Verma:

Trinity Health welcomes an opportunity to work with the new Administration and Congress to promote people-centered care that is high quality, value-based and affordable. We are a faith-based organization bringing to life a hope-filled vision of health for the members of our communities and our nation as a whole. We believe that a health system should have people at the center of every behavior, action and decision – we call this a People-Centered Health System. We are building this kind of delivery system in the communities that we serve, and it is leading to better health, better care and lower costs.

Health care is undergoing a significant transformation in both the public and private sectors. Two important aspects of this transformation that must continue are **comprehensive, affordable coverage** and **value-based payment**. We ask that the incoming Administration and Congress work together to advance policy that will (1) ensure that all Americans have affordable, continuous and high-quality health care coverage and (2) press forward public and private initiatives to evolve a payment and care delivery system that provides high-value, affordable care while reducing health care costs.

Trinity Health welcomes the opportunity to offer policy suggestions to the Trump Administration and Congress that will advance a health care system in which Americans have access to affordable, continuous and high-value care. We would be delighted to serve as a resource to you, offering feedback based upon the collective experience of building a People-Centered Health System that serves diverse communities across 22 states.

Background on Trinity Health
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 120 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 31 teaching hospitals with Graduate Medical Education (GME) programs providing training for 1,951 residents and fellows in 184 specialty and subspecialty programs. We employ approximately 97,000 full-time employees, including more than 5,300 employed physicians, and have more than 14,800 physicians and advanced practice professionals committed to 19 Clinically Integrated Networks across the country.

Ensure That all Americans Have Affordable, Continuous and High-Quality Health Care Coverage
As you consider Affordable Care Act (ACA) repeal and replacement policies and timeframes, we would like to offer our assessment of the impacts from the loss or destabilization of coverage and offer suggestions for how to advance affordable, high-quality coverage choices for all Americans. Changes to our health care system will have a significant impact on our patients, their families and our Trinity Health hospitals, long-term care facilities, home care sites and PACE providers. Our goal is to continue to serve our communities and patients, while finding ways to improve health care coverage and quality.

Impacts of Coverage Repeal
According to our estimates, if Medicaid expansion is repealed, 1.1 million residents of our towns, cities and states will lose coverage. Medicaid expansion has extended coverage to lower-income individuals who hold down jobs – from fast food workers to daycare workers to construction workers to cashiers – that are the backbone of our country's economy. Repeal will leave these hard working people without the ability to get cancer screenings or treatment, flu shots to keep them healthy and working, and access to affordable medications for chronic diseases.

If the subsidies for marketplace coverage are repealed, more than 700,000 people in our communities won't have access to financial assistance to purchase that marketplace coverage. For example, in 2016, Ohioans receiving financial assistance saw their monthly premiums reduced by $250 on average thanks to this help. Without the financial assistance, most will not be able to purchase the coverage they need to ensure access to medications, hospital care and doctors visits. Not only will the lack of access to these basic health needs impair the quality of life of these hard working people, business would suffer from the ripple effects of a less healthy, less productive workforce.

For Trinity Health, repeal of the ACA's coverage provisions would impact our patients first, then significantly impair our ability as a large employer to serve our communities as a provider of necessary, life-saving health services. Facing substantial reductions in revenue, we would need to reduce expenses or seek other revenue streams in order to sustain ourselves. It will also force us, and community hospitals like ours, to reexamine our ability to offer service lines that generate significant losses, like behavioral health and substance abuse, where we are often one of only a few providers of inpatient services in a community. It would negatively impact our ability to invest in upstream solutions that can improve the social determinants of health for the most vulnerable patients. Or, it would mean generating additional revenue elsewhere, leading to higher prices for our commercial payers and ultimately higher premiums for employers.

Preserving Coverage and Expanding Choice
Increasing competition in most economic sectors can spur innovation, expand consumer choice, empower consumers as decisionmakers and drive down costs. No policy initiative holds more promise to contain costs and increase

States are Great Incubators of Transformation

The State Innovation Model (SIM) program has helped to advance state-based innovation, cross-payer alignment including Medicaid, Medicare and commercial payers, and the expansion of value-based alternative payment models (APMs). Trinity Health has been a leader on SIM public policy development influencing the pace and process by which our states reach the goal of achieving value-based APMs for 80 percent of their population. Trinity Health is currently participating in seven Medicaid ACOs or other value-based programs.

In Michigan, Community Health Innovation Regions (CHIRs) will help to connect patients with local community services and leverage community benefit and public health efforts to address broad determinants of health that drive health outcomes. One lead entity – the "backbone organization" – will take responsibility for assuring all functionality of the collaborative. This includes organizing community stakeholders to assess community needs, identifying shared priorities and strategies, and implementing and monitoring the effectiveness of these strategies.

In Idaho, the state's seven public health districts are serving as Regional Collaboratives (RCs) supporting local practices as they transform to patient-centered medical homes, and serving as the public health/physical health integrator linking these practices to the broader medical neighborhood including community services.

In Ohio, an advisory council comprised of health care purchasers, providers, plans and consumer advocates met to prioritize and coordinate multi-payer health care payment innovation activities statewide. Early on, this group reached agreement on value-based payment goals and strategies and adopted principles from the Catalyst for Payment Reform. Expansion of medical homes and implementation of episode-based payments for acute events are hallmarks of the council's work.

coverage affordability than delivery transformation. We believe these are important goals as Congress considers how to replace the ACA and build on the coverage gains that have been made since 2010. Trinity Health has extensive operational experience in health insurance exchanges, as well as experience working with state Medicaid programs. We can bring our lessons learned to Congress and the new Administration as replacement options are debated.

Trinity Health shares the concern of patients and other stakeholders that a repeal and delay strategy will destabilize the individual insurance market at a time when it could benefit from regulatory changes and innovation. For instance, Trinity Health believes more can be done to encourage the use of clinically integrated networks and integrated delivery systems to make coverage choices more affordable, to foster value-based insurance design that supports consumers in their choice of care, and to allow more state-level solutions that address individual market choice, transparency, and pricing issues. There is also common ground to build on, such as the role of exchanges in pooling risk and expanding choices, included in the health reform plans of both Republicans and Democrats. We serve nearly one million exchange enrollees in our service areas and also offer co-branded and high-value network products in more than half of our communities. We understand the importance of exchanges in maintaining and expanding access to comprehensive coverage. However, we also recognize there are opportunities to attract more enrollees and provide consumers with more choice moving forward.

Medicaid expansion has played a critical role in many of our communities. Trinity Health has worked with policymakers and stakeholders across several states, including Indiana, to find innovative and sustainable ways to expand coverage. States are often in the best position to understand the needs of their residents. As a provider on the front lines of caring for those in need, we welcome the opportunity to work with the new Administration and Congress to help drive state innovation in Medicaid and across the health care system. In addition to launching traditional and alternative approaches to expansion – such as those in Indiana and Iowa – some of our states have considered Section 1332 waivers. The flexibility they offer could be another vehicle for driving state-based health reform. However, until an ACA replacement plan is in place, Trinity Health urges securing the Medicaid coverage expansion to ensure that hardworking individuals have access to continuous coverage and care.

Supporting and Advancing Delivery System Reform
Trinity Health anticipates that the next several years will be a very important time for providers, purchasers, payers and patients to work with the new Administration and Congress to advance a more effective health care system that will deliver on the promise of value-based care – lower costs, higher quality and a better patient experience. We are an organization committed to rapid, measureable movement toward value in the delivery of—and payment for—health care. Along with other members of the private sector group called the Health Care Transformation Task Force, we have committed to transitioning 75 percent of our business to value-based payment models by 2020.

Trinity Health is currently participating in 16 Medicare Shared Savings Program (MSSP) ACOs and has five markets partnering as a Next Generation ACO. A significant investment of capital is required for ACOs to redesign care delivery to improve beneficiary health. We are investing nearly $40 million annually in our 17 ACOs and that investment is projected to grow to $54 million annually over the next

12 months. Our ACO programs are generating positive outcomes for our patients and saving money for the Medicare program. Participation in these new payment models is advancing transparency, reducing cost and improving quality. We urge the new Administration to support the continuation of the ACO programs and expand their positive impact to more communities across the nation.

In addition, Trinity Health has 43 hospitals participating in the Model 2 Bundled Payments for Care Improvement (BPCI) initiative, 13 Skilled Nursing Facilities (SNFs) in Model 3 BPCI, and two hospitals in the Comprehensive Care for Joint Replacement (CJR) program. Our work extends beyond Medicare as illustrated by our participation in 98 non-CMS Alternative Payment Model (APM) contracts.

Delivery system reform efforts at the federal level, beginning with the efforts of President George W. Bush and Congress to advance pay-for-reporting requirements and hospital value-based purchasing, have a history of being bipartisan. Most recently in 2015, Congress passed MACRA with overwhelming support in both chambers of Congress. This legislation initiated an important shift from volume-based to value-based reimbursement for physicians and is quickening the adoption of APMs. We encourage the new Administration to wholly support the implementation of MACRA.

Many delivery system reform models developed and tested by the Centers for Medicare and Medicaid Innovation (CMMI) have been effective in improving the Medicare program. We have seen how the public sector transformation encourages similar efforts in the private sector. Trinity Health strongly believes that preserving CMMI is important to MACRA's implementation and success, which requires creation of new advanced APMs and advances in quality measurement. We recommend that the new Administration and the 115th Congress continue using CMMI or an analogous entity to cultivate innovative payment models that hold providers accountable for good health outcomes.

States are Great Incubators
Trinity Health believes that states are great incubators for health care innovation and transformation. We currently have facilities in nine states with State Innovation Model (SIM) Testing grants and five states with SIM Design grants and believe the SIM program has helped to advance state-based innovation, cross-payer alignment including Medicaid, Medicare and commercial payers, and the expansion of value-based, alternative payment models. Additionally, states have used SIM as an opportunity to progress and improve the efficiency of health care delivery through a variety of innovative approaches that include health information technology, quality measurement, and community and population health focused care, such as using community health workers.

Recognizing the role of SIM in advancing people-centered, value-based care, Trinity Health has been a leader on SIM public policy development influencing the pace and process by which our states reach the goal of achieving value-based APMs for 80 percent of their population. To support SIM efforts across our states and to advance health system transformation, we have established a SIM Resource Center, which provides best practices, learnings and summaries to states' leaders who are accountable for payment, delivery and community health transformation. We welcome the opportunity to continue partnering with states and the new Administration to share our experience. Trinity Health believes that SIM efforts should be transformative, broad-based, and sustainable. Moving forward, we believe

CMMI's efforts, including SIM, can continue to help advance state-based innovation and further the adoption of value-based APMs.

Consumer Engagement Improved With Increased Transparency
All stakeholders, including health plans, hospitals and providers, play important roles in helping consumers navigate the health care delivery system. Delivering people-centered care requires that patients are educated and engaged. This includes access to meaningful information about the price and quality of care. Transparency helps foster personal engagement and promotes self-management and shared decision-making. Trinity Health strongly believes that the transparent reporting of quality measurements should focus on a small number of outcome-based metrics that emphasize patient-reported and patient-generated data that is meaningful and useful to patients. We also believe that clear and comprehensive information about health plan options, including covered benefits, prescription drug formularies, provider networks and out-of-pocket liabilities should be easy to understand, accurately displayed and updated regularly. Trinity Health looks forward to advancing policy solutions with the 115th Congress and the new Administration to achieve expanded consumer awareness and engagement with enhanced transparency.

Reduce Regulatory Barriers
Regulatory requirements are important and necessary to ensure safe care and reduce fraud and abuse. We urge this Administration and the new Congress to modify, reduce and purge outdated and conflicting regulations. By simplifying the regulations governing health care, providers would be able to deliver better care to patients instead of wasting time and resources on unnecessary procedures and rules. A specific opportunity to reduce regulatory burden would be in the area of "Stark Law."

The movement away from fee-for-service payments toward models that pay for better health and better care at lower costs naturally results in the need and motivation for hospitals and physicians to become financially connected. These alignments facilitate collaboration on quality improvement and efficient care coordination, the adoption of clinical best practices, and the achievement of better patient outcomes. While the Stark Law was enacted to combat certain behaviors in a fee-for-service health care world, it has become increasingly unnecessary for—and is a significant impediment to—value-based payment models.

Measure standardization and simplification is another area to reduce unnecessary administrative overhead resulting from regulatory burden. Trinity Health strongly believes that there are too many measures from which to select and report. We urge CMS to limit the number of measures to a manageable set (e.g., 5-7 measures) that emphasize patient-reported and patient-generated data.

Advance Use of Telehealth
Telehealth includes a wide range of technologies that include videoconferencing, internet-based applications, store-and-forward imaging, streaming media, and phone and wireless communications. Telehealth has demonstrated a wide-range of positive outcomes across settings of care and between providers and consumers. These positive outcomes include better access, increased patient satisfaction and engagement, improved coordination of care across providers, and reduced costs. Trinity Health recommends that Medicare and Medicaid policy advance the use of telehealth to promote health and

well-being across outpatient, inpatient and community-based settings. Some areas of opportunity for improved telehealth policy would include:

- Reducing regulatory barriers to using telehealth effectively within and across state lines.
- Harmonizing use and payment across payers and programs.
- Applying quality measurement standards to ensure safeguards and protections for consumers.

Concluding Remarks

Trinity Health is committed to working with the new Administration and Congress to create a People-Centered Health System for all Americans. We look forward to meeting with members of the new Administration in January to identify ways we can work together to pursue common goals of ensuring all Americans have access to high-value, patient-centered care.

Sincerely,

Richard J. Gilfillan, M.D.
President & CEO
Trinity Health

Melanie Dreher, Ph.D., R.N.
Board Chair
Trinity Health