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. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high-quality, people-centered care for all.

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/ • 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
Section 1115 Waivers are a Preferred Tool for State Innovation, because they:

- Are a proven mechanism for testing innovation in the Medicaid program.
- Allow states to approach innovation in ways that reflect their unique values and politics. For example, Indiana's HIP 2.0 waiver allows enrollees who contribute to a health savings account (HSA) to access benefits not otherwise available, including dental and vision. It also waives the requirement for non-emergent medical transportation.
- Provide state flexibility without unreasonable downside risk (unlike block grants and per capita allotments).
- Can move forward immediately, no need to wait for Congressional action.

Trinity Health is committed to building a people-centered health system for all. Driven by the belief that everyone should have coverage and that care for those who are poor and underserved is core to our mission. Across our footprint, we are pleased to care for more than one million patients who have gained Medicaid coverage since 2014. We celebrate their health improvements and see the economic benefits in our communities. We believe there is significant opportunity for innovation within the Medicaid program and have embraced payment and delivery reform initiatives in many of our states. We know that investments in population health improve the health of our patients and communities. Adequate funding is critical to Medicaid transformation. As new financing models for Medicaid are deliberated, including block grants and per capita allotment, it's important that safeguards be included to ensure enrollees receive adequate benefits and state Medicaid programs are sustainable for years to come. We envision state Medicaid programs that succeed with lowering health care costs, improving population health, and driving a more competitive economy.

Trinity Health has developed the following safeguards to promote dialogue around how best to protect and innovate this important safety-net program. We will use these principles to assess emerging policy proposals and steer our advocacy strategy.

What Can Policymakers Do?

Comprehensive and Affordable Coverage and Care Medicaid enrollees engaged in their health care decision-making and accessing benefits that improve their health.

Policy Recommendations:

- Ensure benefits packages for Medicaid enrollees improve health by including access to necessary benefits, such as mental health; substance use disorder; early and periodic screening, diagnostic and treatment services (EPSDT); prescription drugs; and hospitalization.
- Use co-pay and deductible structures that encourage enrollee engagement in health care decision-making without creating new barriers to needed care.
- Protect access to coverage despite life changes and health care needs, including no lifetime limits on benefits.
Safeguards for Medicaid Reform: People-Centered Begin with People Covered

- Address unique health needs of vulnerable enrollees, including the elderly, and persons with disabilities and special needs.
- Protect coverage for expansion population, up to 138 percent federal poverty level (FPL), under any reform or financing changes.

Sustainable and Shared Federal and State Funding
Reforms to ensure Medicaid are sustainable for years to come. This requires adequate federal funding for all enrollees, including expansion populations, especially in times of economic distress or unforeseen public health crisis.

Policy Recommendations:
- Support Medicaid expansion in all states, with maintained enhanced federal matching rate.
- Maintain critical programs that support and strengthen the safety net and address uncompensated care pools; e.g. disproportionate share hospital (DSH), delivery system reform incentive program (DSRIP), and provider taxes.
- Ensure reform includes a trigger that adjusts for unforeseen public health crisis or national economic events.
- Include adequate inflationary update; for example, medical consumer price index (CPI) plus an additional percentage adjustment to address underlying costs, in any financing reform.

Value-Based Care
States must be encouraged to use their Medicaid programs to drive accountability for health outcomes and reduce costs, which is necessary to improve health on a national scale.

Policy Recommendations:
- Continue investments in value-based and alternative payment models to improve quality and outcomes for beneficiaries, and reduce costs.
- Drive cross-payer initiatives across Medicaid, Medicare and private payers for greatest effectiveness to impact population health.
- Expand State Innovation Model (SIM) and build on early learnings to drive state-wide health system transformation.
- Reduce barriers for state Medicaid programs to address the social determinants of health; e.g. supportive housing, community-based service providers.

Digital Access: http://advocacy.trinity-health.org/ • advocacy@Trinity-Health.org • #Medicaid

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