

## Safeguards for Medicaid Reform: People-Centered Begins with People Covered

**LEAD**  
*the* **WAY**

*Building a People-Centered Health System*



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 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.

#### **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.

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- 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.

## States are Great Incubators

The State Innovation Model (SIM) initiative, developed by the Centers for Medicare and Medicaid Innovation (CMMI), 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 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. 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 Administration to share our experience.

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**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

