

Lead^{the}Way

Safeguards for Medicaid Reform

Ensuring Coverage and Promoting Health



Trinity Health is one of the largest multi-institutional Catholic health integrated care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a health system that puts 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.

Medicaid Transformation: Expanding Coverage, Driving Value

Trinity Health is driven by the belief that all Americans should have coverage and that care for those who are poor and vulnerable is core to our mission. Policies can and must improve health and quality of care without undercutting access and coverage, especially during current and future public health emergencies and economic downturns when enrollment in the program is also increasing.

Across its footprint, Trinity Health cares 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 to create value and innovation within the Medicaid program and have embraced payment and delivery reform initiatives in many states. We know that investments in population health improve the health of patients and communities. But, adequate funding is critical to Medicaid transformation, especially federal funding to sustain the program when state budgets are under pressure and more families rely on the program to meet their health needs.

However, policies that may undermine coverage and access are being considered at the federal and state levels, such as work requirements or block grant and per capita cap financing approaches. It is critical that safeguards be included in the testing of any of these policies to protect coverage, ensure enrollees receive adequate benefits and state Medicaid programs are sustainable for years to come. Trinity Health envisions state Medicaid programs that succeed with lowering health care costs, improving population health, and driving a more competitive economy.

Trinity Health's Commitment to Strengthening and Protecting Medicaid

Trinity Health supports Medicaid reforms that protect coverage, reinforce state innovation, and ensure program stability by:

- Serving approximately 1.5 million Medicaid beneficiaries across its footprint, including 1 million who have gained access since 2014.
- Supporting development of Section 1115 demonstration waivers that allow states to approach innovation in ways that reflect their unique values and politics, while maintaining access to adequate coverage and benefits and without introducing barriers to enrolling in or maintaining coverage.
- Advocating for expanding Medicaid coverage to those with income up to 138 percent federal poverty level (FPL), and protecting coverage for covered adults and other populations.
- Participating in state payment and delivery reforms that aim to improve quality, outcomes, and population health, while lowering cost for the Medicaid population.

What Can Policymakers Do?

Comprehensive and Affordable Coverage and Care

Maintain and expand access to comprehensive and continuous coverage and care that improves the health of communities.

Recommendations:

- Protect coverage for the expansion population—up to 138 percent federal poverty level (FPL)—and other covered adults and secure a strong safety net with Medicaid expansion in every state.
- Ensure benefits packages for Medicaid enrollees improve health by continuing to include access to necessary benefits, such as mental health; substance use disorder; early and periodic screening, diagnostic and treatment services (EPSDT); prescription drugs; and hospitalization.

Safeguards for Medicaid Reform

- Safeguard co-pay, premium 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 or enrollment.
- Address unique health needs of vulnerable enrollees, including the elderly, and persons with disabilities and special needs.
- Establish programs to encourage beneficiary engagement (e.g. work requirements, healthy behaviors requirements) are not punitive (i.e. paired with lock-out or disenrollment policies that jeopardize access to care or coverage).
- Maintain network adequacy and access to care standards that protect beneficiary access to providers across the continuum.
- Ensure policies do not discourage eligible individuals from enrolling in coverage.

Sustainable and Shared Federal and State Funding

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

Recommendations:

- Support Medicaid expansion in all states, with maintained enhanced federal matching rate.
- Ensure any financing reforms (e.g. per capita caps or block grants) do not result in caps or limits to eligibility, enrollment or cuts to mandatory Medicaid benefits.
- Maintain critical programs that support and strengthen the safety net and address uncompensated care pools (e.g. disproportionate share hospital (DSH) and provider taxes). Ensure reform includes a trigger that adjusts for public health crises and national economic events and do not shift all financial risk to states.
- Include adequate inflationary updates—for example, medical consumer price index (CPI) plus an additional percentage adjustment to address underlying costs—in any financing reform.
- Maintain the ability of states to use existing, legally authorized mechanisms to finance the non-federal share of Medicaid payments while protecting appropriate oversight and transparency; establish that any changes do not threaten access to care or benefits.
- Ensure federal funding levels necessary to support increases in Medicaid enrollment and safeguard access to providers and care during public health emergencies, economic downturns or other crises.

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.

Recommendations:

- Continue investments in and develop the next generation of Medicaid 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.
- Ensure reforms incentivize state Medicaid programs to address the social influencers of health, such as supportive housing or access to community-based service providers.
- Build on [early learnings](#) from the State Innovation Models (e.g. delivery system reform incentive program (DSRIP), to drive state-wide health system transformation.
- Invest in preventive services and address social needs across all populations through population-based payment and care models that can also support access to providers during public health emergencies or other crises.

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 •
Safety • Justice • Stewardship • Integrity