Innovating Medicaid

Driving Better Health, Better Care & Lower Costs

LEAD *the* **WAY**

Building a People-Centered Health System

BETTER HEALTH · BETTER CARE · LOWER COSTS

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.

Committed to building a people-centered health system for all and driven by the belief that everyone should have access to health care coverage, Trinity Health supports Medicaid expansion in all states as well as ensuring that all beneficiaries have access to comprehensive services (e.g. mental health and substance use disorder services, prescription drugs and hospitalization). Trinity Health believes access to Medicaid is key to making people-centered care possible. More than one million Americans across the Trinity Health footprint have gained Medicaid coverage since 2014, resulting in health improvement and economic benefits.

Research is demonstrating that Medicaid coverage is associated with increased access to care and better health status as well as decreased financial burden on beneficiaries, states and health systems. Given the program's important role and impact on communities, innovation within Medicaid should create the opportunity for states to implement public policies supporting better health, better care and lower costs, without creating new barriers to coverage and care. Further, it is essential that these innovations and reforms are paired with sustainable and sufficient funding that allows for continued coverage and access. Regardless of the unique needs and priorities of a state, Medicaid is an

Medicaid Innovation Resource Center

Trinity Health's Medicaid Innovation Resource Center includes public policy tools and resources to help state and federal policymakers and other stakeholders ensure that innovations within the Medicaid program retains access to coverage and needed care—especially for the most vulnerable—and incentivizes accountability for outcomes and costs while ensuring stable funding for years to come.

important program in all communities and can be a driver of innovation and system transformation that expands and improves coverage for all populations. State Medicaid programs can lead the way in lowering health care costs, improving population health, and driving a more competitive economy. However, as new and untested policies—that have the potential of resulting in coverage loss—are experimentally rolled out, their reach should be limited until the impact of these policies and intended goals can be assessed.

Trinity Health engages in Medicaid innovation across the country, including nine State Innovation Model states, and has leveraged this experience to develop the following principles to promote dialogue on how best to protect and innovate this important safety-net program.

Medicaid Innovation Should:

Drive Value-Based Care

Invest in payment and delivery innovations that increase accountability for health outcomes and reduce costs.

Policy Recommendations:

- Invest in delivery system innovations (i.e., patient-centered medical homes, accountable care organizations, episodes of care) that emphasize care coordination and drive better health outcomes while controlling costs.
- Support the Center for Medicare and Medication Innovation and investment in value-based and alternative payment models that improve quality and outcomes for beneficiaries and reduce costs.

Medicaid Innovation

- Advance cross-payer initiatives across Medicaid, Medicare and private payers for greatest effectiveness and reduced costs.
- Expand and build on the State Innovation Model (SIM) program to drive state-wide health system transformation.

Ensure Access to Comprehensive, Affordable Care
Promote access to comprehensive, affordable coverage and support seamless and continuous coverage across life changes.

Policy Recommendations:
- Protect and expand Medicaid coverage to ensure access to comprehensive, affordable coverage that includes physical and behavioral health care.
- Expand access to prevention and treatment for substance use disorders and support policies or program changes that eliminate restrictions on Medicaid payments for inpatient treatment at large residential facilities (the Institute for Mental Disease (IMD) exclusion).
- Ensure seamless transition between Medicaid and marketplace products, including by stabilizing the marketplaces.
- Ensure 12-month continuous eligibility to support continuity of care and ensure access to coverage despite life changes and health care needs, including no lifetime limits on benefits, lock-outs and terminations from coverage.

Promote Population Health
Support policies and reforms that improve the health of patients and communities.

Policy Recommendations:
- Provide states with flexibility—and support opportunities—to address social determinants of health through interventions including supportive housing, early education, transportation and nutrition support.
- Advance care delivery approaches and workforce development that support community health and well-being, such as through the use of community health workers.
- Ensure continuous coverage and access to care that addresses the unique health needs of vulnerable individuals including the elderly, persons with disabilities and special needs.
- Support partnerships between states, providers and other stakeholders that advance prevention and health promotion activities, such as the Tobacco 21 initiative.

Ensure Beneficiary Engagement Without Creating Barriers to Care
Promote policies that encourage beneficiary engagement in health and health care decision-making without impeding access to coverage and needed services.

Policy Recommendations:
- Ensure that testing of work or community engagement requirements include robust evaluation of impacts on coverage, enrollment in the program, health status and outcomes, and financial impacts on beneficiaries and communities.
- Ensure robust resources exist to support linkages to job training, community engagement and volunteer opportunities as well as child care and transportation.
- Use benefit designs, such as reasonable cost-sharing or healthy behavior incentives, to encourage enrollee engagement in health care decision-making and well-being without creating new barriers to coverage or needed care.
- Ensure that any incentives, cost-sharing and penalties are designed thoughtfully and paired with education to increase participation and knowledge of programs, such as information about price, quality of care, and beneficiary requirements.
- Prohibit testing of new enrollment or eligibility requirements for people with disabilities, mental illness, and substance use disorder, or other vulnerable populations that may impede access to coverage or care.