

Care for the Common Good

Medicaid Total Cost Care

Supporting Better Outcomes and Lower Costs



Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation, serving diverse communities across 27 states. We advocate for public policies that promote care for the common good and advance our mission, including fair payment, a strong workforce, coverage for all that bridges social care, and total cost of care payment models.

Trinity Health believes it is critical to increase access to preventive care while decreasing the need for acute care, and financially incentivizing care coordination. Linking provider reimbursement to health outcomes and the quality of care is especially important for Medicaid program enrollees. Total cost of care (TCOC) models provide incentives to integrate care across the care continuum. Trinity Health views our commitment to TCOC as critical to our goal of improving population health within the communities we serve. To support this, we participate in payment and care delivery arrangements across the Medicaid and Medicare programs and with commercial payers and other partners.

Effective TCOC models that hold providers accountable for improving population health outcomes and quality of care are vital to advancing equity and addressing health-related social needs. Models should be designed to facilitate delivery of whole-person care that bridges a patient's clinical and social needs. They ensure the right care is provided at the right time and the right place.

Currently in six states across our footprint, Trinity Health is participating in Medicaid models that drive high-quality care and better health outcomes for the Medicaid patients. More states should accelerate adoption of alternative payment models that advance better care and health for Medicaid patients while controlling spending for the program.

Trinity Health's Commitment to Care Models in Medicaid

- **Health Home Model, N.Y.:** Focuses on patients dually eligible in Medicare and Medicaid and has demonstrated the effectiveness of an integrated care management model that coordinates both clinical needs and health-related social needs. The New York model has resulted in reducing inpatient admissions by 38.4%, emergency department visits by 27.6%, and a 4.8% reduction in skilled nursing facility expenditures. The Trinity N.Y. Health Home is one of the largest and highest performing in the state of New York.
- **Mercy Medical Center ACO, Mass.:** Manages the care of 30,000+ Medicaid members—by partnering in a three-way agreement between the state, the provider and a Medicaid Managed Care Organization—to implement quality and equity initiatives. Goals include reducing health inequities by improving outcomes in populations facing barriers to quality health care. Mercy has been one of the best performing accountable care organizations (ACOs) in Massachusetts by addressing health-related social needs through its value-based model. In each of the five years of the last waiver period, the ACO experienced favorable total cost of care (TCOC) performance surpluses. In the new five-year contract period, which began in 2023, Mercy ACO is using Primary Care sub-capitation payments to provide ACO members with new practice-based resources. Mercy's ACO has connected members with key services, including 3% of members enrolled in practice-embedded Complex Care Management and 1% of members provided food and housing services and supports.

What Can Policymakers and Partners Do to Support Improved Outcomes in Medicaid?

Embrace Centers for Medicare and Medicaid Services (CMS) Support for Value-Based Care Approaches

Recommendations:

- Ensure providers and other key stakeholders are at the table when payment and care delivery models are being designed so that models meet the needs of patients, support access to care, improve outcomes, and control costs.
- Support states developing Medicaid provider based TCOC models through 1115 waivers, state directed payments or three-way managed care contracts, and support exploration in states not currently working on such models.
- Expand or scale evidence-based approaches with a demonstrated impact on outcomes, quality, and controlling costs.

Medicaid Total Cost of Care

- Invest in information technology that supports access to complete, accurate, reliable, and timely data which is integrated and coordinated across providers while ensuring appropriate privacy protections for provider systems and patients.
- Leverage tools such as telehealth services that enhance access, outcomes, and efficiency and incorporate these tools and technologies into payment and delivery.
- Align quality measures across programs with the CMS universal measure set.
- States to develop and report annual Medicaid managed care plan performance profiles.
- Support policies that allow states to test innovative care delivery and payment models for their Medicaid populations, including multi-payer models, and consider avenues for potential overlap of care models and innovation programs.

Advance Whole-Person Care that Bridges Social and Clinical Care

Recommendations:

- Incentivize delivery of high-quality care across physical, behavioral health, and social care needs by advancing payment models that reward for care coordination and make providers accountable for the total cost of care.
- Design models that advance health equity by incentivizing providers to identify—and work to address—health-related social needs in addition to clinical care.
- Design innovative payment approaches that support coordination and partnership between health care providers and other service providers that increase access to care (e.g., transportation, housing and food security).

Incentivize Provider Participation to Ensure the Right Care Is Provided at the Right Time in the Right Setting

Recommendations:

- Ensure reimbursement is sufficient to support access and high-quality, patient-centered care, and sustains provider participation including adjusting payment to account for a patient's health, social, and economic needs.
- Advance alignment of Medicaid TCOC model features (e.g., quality measures, payment structures, reporting requirements, etc.) with other payers (e.g., Medicare, commercial) to support participation and decrease administrative burden.
- Ensure Medicaid managed care plans are utilizing innovative payment approaches that support coordination between health care providers and social care providers.
- Support broad participation in the movement to TCOC and financial stability by advancing models with simplified financial structures, an appropriate balance of risk and reward, and approaches that allow providers with less experience to participate (e.g., upfront infrastructure payments, adequate time in one-sided risk models, etc.).

Support Population Health

Recommendations:

- Design models that include care across the continuum to support delivery of the right high-quality care at the right time.
- Advance sustainable models where provider-led organizations are accountable for managing all care components for specified populations, including physical, behavioral health and, where possible, health-related social needs.
- Integrate into Medicaid TCOC arrangements resources for community health teams and care managers that can support making connections to social services.

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 Experiencing Poverty • Safety • Justice • Stewardship • Integrity