



January 27, 2025

Jeff Wu, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-4208P; Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Submitted electronically via <http://www.regulations.gov>

Dear Mr. Wu,

Trinity Health appreciates the opportunity to comment on policies set forth in CMS-4208-P. Our comments and recommendations reflect a strong interest in public policies that support better health, better care and lower costs to ensure affordable, high quality, and people-centered care for all.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 127,000 colleagues and more than 29,000 physicians and clinicians caring for diverse communities across 26 states. Nationally recognized for care and experience, the Trinity Health system includes 93 hospitals, 107 continuing care locations, the second largest PACE program in the country, 142 urgent care locations and many other health and well-being services. Trinity Health has 15 medical groups with 8,200 medical group physicians and providers. Based in Livonia, Michigan, its annual operating revenue is \$23.9 billion with \$1.3 billion returned to its communities in the form of charity care and other community benefit programs.

Trinity Health has 12 Clinically Integrated Networks (CINs) that are accountable for 2 million lives across the country through alternative payment models. Our health care system participates in 12 markets with Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), which includes 10 markets partnering in one national MSSP Enhanced Track ACO, Trinity Health Integrated Care. All of these markets participated in the “enhanced track”, which qualifies as an advanced alternative payment model (AAPM). Two of the 12 markets also participate in the Comprehensive Primary Care Plus Model. In addition, we participated for many years in the Bundled Payments for Care Improvement Advanced (BPCIA) initiative and the Comprehensive Care for Joint Replacement (CJR) program across 37 hospitals. Our work—and experience in value-based contracting—also extends beyond Medicare as illustrated by our participation in 123 non-CMS APM contracts.

In addition, Trinity Health owns a non-profit, mission-focused Medicare Advantage plan—MediGold—that plays a vital role in our integrated delivery network and provides care coordination for patients while using fair practices. Serving 56,000 beneficiaries across 6 states, MediGold is a highly-effective best practice plan model.

In order to place a better emphasis on care and outcomes rather than profit, MediGold has a lower profit margin and lower administrative costs compared to commercial for-profit plans because they say “yes” more to providers

and beneficiaries. In addition, MediGold utilizes standard and transparent guidelines for decisions on precertification and other authorization approval processes, removing ambiguity of guidelines for providers. Further, MediGold limits the services that require prior authorization (for example, no prior authorization is required for contracted radiology and contracted skilled nursing facility care) and exceeds all federal turnaround time requirements for utilization management decisions. In fact, patients report 100% timely decisions on appeals. For services that require prior authorization, MediGold has fewer denied claims than for-profit Medicare Advantage plans. Not only has MediGold differentiated themselves from for-profit MA plans; they have done so while maintaining high quality scores (top 20% nationally in federal Star quality rating) and strong beneficiary satisfaction (beneficiaries report a 92% favorable rating of the plan).

MediGold – A New Standard for Medicare Advantage



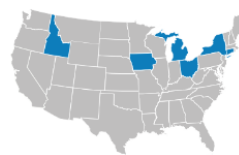
MediGold Says "Yes" More

- Fewer services require prior authorization than other Medicare Advantage plans.
- Exceeds all federal turnaround time requirements for utilization management decisions.¹
- Less delays – Patients report **100%** timely decisions on appeals.²



MediGold Provides a Better Member Experience

- Top **20%** nationally in federal star quality rating.³
- Nearly **90%** medication adherence for Medicare beneficiaries who have diabetes, hypertension and/or high cholesterol.
- Patient surveys of members indicate a **92%** favorable rating.⁴



MediGold Makes Medicare Easy

- Medicare beneficiaries – **44,754**
- Service area: **OH, ID, IA, NY, CT, MI**
- **9,300+** primary care physicians and **22,300+** specialist physicians.
- **90+** network hospitals, **230+** skilled nursing facilities.
- **66,000+** pharmacies, **2200+** dentists



MediGold Member Story

A new MediGold member enrolled shortly after implantation of a deep brain stimulator requiring activation of the device and follow up treatment. However, the facility that implanted the device was not in network. The MediGold team worked with the original facility to meet the patient's requirements and complete treatment; and deliver care coordination while finding a provider that better met the patient's ongoing needs.

¹ eCFR :: 42 CFR 422.568 – Standard timeframes and notice requirements for organization determinations.

² Results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, a patient experience survey by the Centers for Medicare and Medicaid Services

³ MediGold has a 4.5/5 STAR rating from the Centers for Medicare and Medicaid Services.

⁴ Results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, a patient experience survey by the Centers for Medicare and Medicaid Services



Proposed Changes

In general, Trinity Health applauds CMS for seeking to further beneficiary protections and ensure enrollees have equal access to medically necessary health care services. Trinity Health has previously raised concerns about the negative effects of certain Medicare Advantage practices and policies that have the potential to directly harm patients through unnecessary care delays or outright denial of covered services. As enrollment in Medicare Advantage has for the first time reached more than half of all people enrolled in Medicare,

it is more important than ever to establish and implement stronger consumer and beneficiary protections and curtail practices that can impede patient access to care.

Conclusion

Trinity Health looks forward to continued partnership with CMS and we welcome the opportunity to inform future Medicare policy. If you have any questions on our comments, please feel free to contact me at jennifer.nading@trinity-health.org.

Sincerely,

/s/

Jennifer Nading
Director, Medicare and Medicaid Policy and Regulatory Affairs
Trinity Health

