westhealth

November 16, 2026

The Honorable Robert F. Kennedy Jr., JD
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave. SW
Washington, DC 20201

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Adopting the Recommendations of the HHS Healthcare Advisory Committee

Dear Secretary Kennedy and Administrator Oz:

Americans are paying more for care and getting less for it: fewer than half can consistently afford the care and medications they need, the lowest level the West Health-Gallup Center on Healthcare in America has recorded. Nearly nine in 10 Americans (89%) believe they pay too much for the quality of care they receive.

On behalf of West Health, I urge the Centers for Medicare & Medicaid Services (CMS) to incorporate three recommendations approved by the Department of Health and Human Services (HHS) Healthcare Advisory Committee on November 9 into its calendar year (CY) 2028 rulemaking. Together, these reforms would reduce waste, ease burden on clinicians, and lower costs for patients and taxpayers:

- Scale the Collaborative Care Model (CoCM).
- Extend site-neutral payment.
- Align quality measurement around outcomes that matter to patients

We commend CMS for the steps it took in its CY 2027 Physician Fee Schedule and Outpatient Prospective Payment System final rules, and we urge the agency to build on that progress.

Scaling the Collaborative Care Model

Americans' self-reported mental health ratings have fallen to a six-year low. The Collaborative Care Model integrates mental health services into primary care through a team that includes the primary care provider, a behavioral health care manager, and a psychiatric consultant. The model is proven to improve mental health outcomes and can save up to $6 in long-term healthcare costs for every $1 invested.[1]

West Health is deeply committed to accelerating the adoption of CoCM nationwide. Since 2024, West Health has partnered with Northwestern Medicine to establish the Northwestern Medicine West Health Accelerator, an initiative that has scaled CoCM across more than 80 primary care clinics and has reached more than 500,000 patient lives.

[1] Unützer J, Katon WJ, Fan MY, Schoenbaum MC, Lin EHB, Della Penna RD, Powers D. Long-term cost effects of collaborative care for late-life depression. *Am J Manag Care*. 2008;14(2):95–100. https://pmc.ncbi.nlm.nih.gov/articles/PMC3810022

CMS took a critical step in the CY 2027 Physician Fee Schedule by finalizing higher work Relative Value Units (RVUs) for CoCM services and updating clinical labor rates for the behavioral health care manager. However, reimbursement improvements alone will not overcome additional financial and operational barriers that continue to limit adoption – something also recognized by the Committee.

Building on the Committee's recognition of these barriers, West Health urges CMS to:

- **Support startup costs** through temporary payment increases for new programs, an approach Congress is considering in the COMPLETE Care Act, alongside the implementation support and clinic startup grants the Committee recommended.
- **Reduce administrative burdens** by removing duplicate consent and prior-diagnosis requirements, allowing practices to meet registry requirements through existing electronic health record capabilities, and moving to rolling 30-day billing periods as a step toward condition-based payment.
- **Lower patient cost sharing** on the CoCM codes, which can deter patients from staying in monthly treatment.
- **Encourage state adoption** by helping Medicaid programs align CoCM coverage and payment with Medicare, through guidance, model state plan language, and technical assistance that make it easier for states to act.

Paying for Care Based on Clinical Need, Not on Site of Service

Medicare and its beneficiaries often pay more for the same service simply because it is billed through a hospital outpatient department rather than a physician office, and these higher prices increasingly follow physician practices as health systems acquire them.

We urge CMS to act on the Committee's recommendation to address payment differences for clinically comparable services that are not justified by patient complexity, resource needs, quality, or access. The most effective approach is site-neutral payment, with targeted safeguards for rural hospitals, safety-net providers, and emergency readiness.

CMS's CY 2027 Outpatient Prospective Payment System final rule extended site-neutral payment to imaging without contrast at grandfathered off-campus hospital outpatient departments. CMS estimates the change will save Medicare about $260 million and reduce beneficiary cost sharing by about $70 million in its first year. We urge CMS to extend the policy in CY 2028 rulemaking to the additional services that the Medicare Payment and Advisory Commission (MedPAC) recommends are appropriate for site-neutral payment.

Extending these reforms further would multiply the savings. The Health Savers Initiative, a project of the Committee for a Responsible Federal Budget, Arnold Ventures, and West Health, estimates that site-neutral payment policies in commercial insurance alone could reduce national health expenditures by up to $458 billion and federal deficits by nearly $120 billion over a decade.

Aligning Quality Measurement Around Patient Outcomes

We urge CMS to adopt the Committee's principles for quality reporting. Under these principles, the same clinical focus and population would have one measure, one specification, and one reporting

pathway across federal programs, built on standardized digital data that is submitted once and reused. Aligned measurement reduces burden on clinicians while giving patients, payers, and policymakers a clearer picture of whether care is working.

Behavioral health illustrates why this matters. Measurement in behavioral health has lagged behind the rest of the healthcare system, leaving no clear way to know whether patients are getting better. This problem led West Health to work with the National Committee for Quality Assurance (NCQA) on strengthening behavioral health outcome measures. As CMS puts these principles into practice, outcome measures should be aligned across Medicare, Medicaid, and commercial coverage.

Conclusion

These recommendations share a common thread: paying for care that works, in the right setting, without waste. West Health stands ready to help CMS move from recommendations to results. We can share implementation data from our Accelerators, as well as bring insights and evidence from our partnerships.

Thank you for your strong consideration.

Please contact Namrata Uberoi, Executive Director of Health Care Cost and Affordability, at nuberoi@westhealth.org with any questions.

Sincerely,

Timothy A. Lash
President, West Health
Chairman, West Health Policy Center

cc: Dr. Clive Fields, Chair, HHS Healthcare Advisory Committee