



June 10, 2025

Dr. Mehmet Oz

Administrator, Centers for Medicare & Medicaid Services
Department of Health & Human Services

Submitted via [regulations.gov](https://www.regulations.gov).

RE: “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes”

Dear Administrator Oz,

United States of Care (USofCare) is pleased to submit comments in response to the proposed rule entitled “Medicare Program; Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes” issued by the Centers for Medicare & Medicaid Services (CMS).

USofCare is a nonpartisan, nonprofit organization working to ensure that everyone has access to quality, affordable health care regardless of health status, social need, or income. Importantly, we are committed to improving the health of everyday people and are eager to engage in solutions that do just that. We advocate for [new solutions](#) to tackle our shared health care challenges — solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives. Through our [work in the states](#) and [listening to people’s experiences](#) with the health care system, we are able to identify unique insights from patients on the ground to amplify for uptake at the [federal level](#).

Specifically, USofCare focuses our comments around the following issues within the proposed rule:

- I. Updates to the Transforming Episode Accountability Model (TEAM)
- II. Proposals and RFIs Related to Measures for Hospital Quality Programs

Updates to the TEAM Model

Through our [listening work](#), USofCare knows that people want more time with their doctors, better communication between their providers, more personalized and customized care, and the ability to be treated as a whole person rather than a series of symptoms; collectively, a system grounded in [patient-first care](#). Because of this, **USofCare supports the Transforming Episode Accountability Model (TEAM) and appreciates that CMS plans to continue this model, which will bring more hospitals and providers into patient-first care initiatives.**

In the FY 2025 IPPS/LTCH PPS final rule, CMS finalized a policy as part of TEAM that would require model participants to provide beneficiaries with a referral for primary care services upon or prior to their hospital discharge. We understand that some operational concerns have been raised around this requirement and we appreciate that CMS is exploring different policy options to address those issues. One of people’s [biggest critiques](#) of the fee-for-service payment system is that it is fragmented and does not adequately coordinate care across providers.

Ensuring that patient-first models like TEAM increase incentives to coordinate care amongst providers and invest in care quality improvements that may not otherwise be paid by the traditional fee schedule helps bolster patients' experience with the health care system. **In order to promote care coordination, USofCare is supportive of maintaining a primary care referral requirement in TEAM.**

Additionally, we appreciate that the CMS Innovation Center proposes to maintain the mandatory nature of TEAM. Requiring hospital participation, a concept supported by both the [Medicare Payment Advisory Commission](#) and the [Congressional Budget Office](#), will also allow CMS to more fully understand its impact on different patient groups, especially underserved populations, ahead of any further model expansion. **We believe that mandatory participation in this model – as opposed to voluntary participation, where adverse selection may limit the usefulness of any collected data – will paint a fuller picture of the model's successes, as well as any shortcomings that can be addressed prior to any potential expansion.**

Proposals and RFIs Related to Measures for Hospital Quality Programs

We appreciate CMS's interest in furthering the Administration's goal of improving health and health outcomes, as well as improving the prevention and management of chronic disease by integrating well-being and nutrition measures into the Hospital Inpatient Quality Reporting (IQR) Program. **As CMS considers and develops measures for use in the Hospital Inpatient Quality Reporting Program, USofCare urges the agency to ensure a person-centered focus with measures that have value for patients.**

Additionally, our [listening work](#) has demonstrated that people overwhelmingly recognize that the current U.S. health care system is not equitable — meaning that not everyone can access the quality, affordable care they need due to their identity, background, income, social need, or where they live. We know that challenges in accessing care, such as cost, a lack of insurance coverage, long travel times and other transportation issues, and other factors, can have negative impacts on people's health. As such, we are disappointed that CMS is proposing to remove measures related to health equity and social drivers of health from its hospital quality programs. **We appreciate that CMS is exploring ways to reduce administrative burden for hospitals and providers; however, we believe that prioritizing the collection of data that can help drive reductions in health disparities outweigh the burden, and we urge the agency to reconsider removing these measures.**

Conclusion

Thank you for the opportunity to respond to the proposed rule. Please reach out to Alyssa Penna, Director of Federal Policy, at apenna@usofcare.org with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Hunter".

Lisa Hunter
Senior Director for Federal Policy & Advocacy
United States of Care