

August 31, 2026

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8010, Baltimore, MD 21244-8010

RE: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; and Quality Reporting Programs; Including the Hospital Outpatient Quality Reporting Program and Ambulatory Surgical Center Quality Program; Request for Information on Strengthening the Standardization and Comparability of Hospital Price Transparency (HPT) Data; Prior Authorization; Accrediting Organization (AO) Deeming for Emergency Medical Treatment and Labor Act (EMTALA); and Notices of Closure of Teaching Hospitals and Opportunities To Apply for Available Slots ([CMS-1850-P](#))

Dear Administrator Oz,

Thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) Hospital Outpatient Prospective Payment System (OPPS) proposed rule for calendar year (CY) 2027. **The Alliance to Fight for Health Care** greatly supports the agency's proposals to expand site-neutral payments and implement the Consolidated Appropriations Act, 2026's (CAA) honest billing provision – both of which protect patients from paying hospital prices for doctors' office visits.

The Alliance to Fight for Health Care is a diverse coalition comprised of businesses, patient advocates, employer organizations, unions, health care companies, consumer groups, and other stakeholders that support employer-provided health coverage. Together, we are working to ensure that employer-provided coverage remains an available and affordable option for working Americans and their families. The Alliance is dedicated to pursuing policies that increase competition to bring meaningful change — and cost savings — to our health care system and patients everywhere.

Employers, unions, patient advocates and other Alliance members urge CMS to address policies that are driving up costs for all patients. We strongly supported Congress's passage of Section 6225 in the CAA, which requires a separate National Provider Identifier (NPI) number and an attestation for each Off-Campus Outpatient Department of a Provider. We also strongly endorsed CMS's proposal last year to align Medicare payments for physician-administered drugs in excepted off-campus hospital outpatient departments (HOPDs) and freestanding physician offices.

Our comments below focus on CMS's proposals to implement the CAA's honest billing provision, expand site-neutral payments to imaging without contrast services provided in excepted off-campus HOPDs, as well as other ways to apply site-neutral payment policy to lower costs for patients and payers.

CMS' proposal to implement CAA's honest billing provision

As mentioned above, we strongly supported Congress's passage of Section 6225 in the CAA: Requiring a Separate ID Number and an Attestation for Each Off-Campus Outpatient Department of a Provider. This commonsense policy requires each off-campus hospital outpatient department (HOPD) of a Medicare provider to obtain and use a unique national provider identifier (NPI) on billing claims for services. We applaud CMS for proposing to implement this provision, as Congress intended, for items and services furnished on or after January 1, 2028, by an off-campus HOPD. As a part of implementing this requirement, we recommend CMS require each off-campus HOPD to submit a full initial attestation that it has obtained and will use the NPI on all billing claims starting on this date. This layer of transparency is important because current Medicare and private health insurance payment policies make it difficult to tell whether a service was provided at a hospital or in an outpatient setting like a doctor's office, where care may be cheaper. Patients need to know where care was provided so they can know if their bill is fair. We urge the agency to finalize this important policy, which will give payers and patients the tools needed to ensure they are billed appropriately for their care setting.

CMS's proposal to expand site-neutral payments to imaging without contrast services

The Alliance strongly supports CMS's proposal to expand site-neutral payments to imaging without contrast services (APCs 5521-5524 and APCs 8004, 8005, and 8007) provided in off-campus HOPDs that are excepted from Medicare's site-neutral payment policies established by the Bipartisan Budget Act of 2015 (BBA). We also support narrow carve outs that aim to protect rural access to care, and therefore, support CMS's proposal to exempt Rural Sole Community Hospitals from the payment changes.

As CMS notes in the proposed rule, current Medicare and private health insurance payment policies pay more for certain services provided in off-campus HOPDs. As CMS writes in the proposed rule, "In 2025, [a DXA scan measuring bone density at the axial skeleton (hips, pelvis, spine)] had a physician office payment rate of around \$30 and an OPPS payment rate of approximately \$106, making the same scan more than three times as expensive in the OPD than in the physician office." This payment disparity increases costs for patients because most insured patients pay a percentage of their bill through coinsurance. **Site-neutral payments are a commonsense policy that lowers out-of-pocket costs for insured patients and reduces spending by federal and private payers.**

For example, a [study](#) released by the Leukemia & Lymphoma Society (LLS) found that certain treatment services across seven disease groups were reimbursed at a rate that was 1.5 to four

times higher when provided in an HOPD setting compared with a physician office setting. As a result, the study found a Medicare patient with multiple myeloma could save an average of \$303.48 in out-of-pocket costs per year if site-neutral payments were expanded, while a commercial patient with multiple myeloma could save \$665.10 on average.

Finalizing CMS's proposal to expand site-neutral payment policy to imaging without contrast services will have the direct benefit of lowering out-of-pocket costs for Medicare patients with potential for spillover effect into the commercial market, as many commercial rates are benchmarked to Medicare payment. Recent research on this proposal estimates \$9.7 billion in combined savings over ten years from aligning Medicare payments for imaging without contrast services across sites of care, including \$1.6 billion in employer contribution premium savings and \$2.8 billion in patient premium and out-of-pocket savings. In another example, [research](#) by University of Minnesota economist Stephen Parente conducted on behalf of the Alliance estimates applying site-neutral payments to the commercial market could result in nearly \$60 billion in savings annually in the commercial market. The analysis focused on 57 ambulatory payment classifications (APCs) that the Medicare Payment Advisory Commission (MedPAC) in its June 2022 [report](#) said could be aligned with PFS payments and 11 APCs that could be aligned with ASC payments based on volume and safety.

We also agree with CMS that evidence demonstrates “a correlation among the increasing volume of [outpatient provider department] clinic visits, vertical integration, and the higher OPPOS payment rates for clinic visits.” It also makes it harder for smaller, independent physician practices to compete. As shown in an AMA survey, fewer than half of physicians worked in physician-owned practices in 2024, a [trend](#) that has sharply risen since 2012. **This drives up costs for patients and taxpayers without increasing quality or improving outcomes for patients.**

CMS's proposal to expand site-neutral payments will help to level the playing field between provider-owned practices and hospital-owned practices so that market need, and not federal payment policy, will determine when consolidation makes sense. Therefore, we urge CMS to finalize this vital policy.

CMS's request for comments on other ways or other services for which we should exercise the Secretary's statutory authority under section 1833(t)(2)(F) of the Act

We urge CMS to continue to explore additional ways to expand site-neutral payments and reduce out-of-pocket costs for patients. CMS in the rule cites MedPAC's 2023 [report](#), which identified 57 APCs -- including the four imaging without contrast APCs in CMS's proposed rule -- that could be safely subject to site-neutral payments without jeopardizing patient access or care quality. The Alliance strongly supports MedPAC's recommended volume-based calculation for identifying which outpatient services should be subject to site-neutral payment. Their recommended list of services for site-neutral payment focus on “low complexity” outpatient services often provided in non-HOPD settings, which do not necessarily cost more, or require more staff or equipment, in a HOPD setting. Therefore, we encourage CMS to expand site-neutral payments to all 57 APCs

identified by MedPAC. Were those services subject to site-neutral payments in 2021, MedPAC estimates that Medicare OPPS spending would have decreased by \$4.9 billion, while beneficiaries would have saved \$1.2 billion in cost-sharing. As noted above, there is potential for spillover effect into the commercial market when expanding site-neutral payments in Medicare that could result in tens of billions of dollars in additional commercial savings.

The Alliance also supports proposals to expand the number of facilities subject to site-neutral payments. The current scope of site-neutral payments is extremely limited. According to MedPAC, just .8% of total OPPS spending provided in off-campus HOPDs or ASCs is subject to site-neutral payment reforms included in the BBA due to the law's exceptions and grandfathering provisions. That is why, the Alliance has supported more expansive legislation, such as the SITE Act, which would remove exceptions included in the BBA for dedicated emergency departments and CMS approved "mid-build" off-campus HOPDs, as well as remove the BBA's provision that "grandfathered" HOPDs operating prior to November 2, 2015, applying the higher OPPS rates rather than the site-neutral payment policies. The BBA did not restrict those grandfathered hospitals from expanding the services they provide, which means any hospital that has acquired a physician practice and added it to an existing off-campus HOPD that is excepted from the BBA is reimbursed at the higher, hospital rates.

We will continue to advocate for Congress to pass these much-needed reforms to address the existing Medicare payment disparity and ensure CMS has the statutory authority needed to expand site-neutral payment reforms to all off-campus HOPDs settings for services that can be safely provided in a physician's office.

Further, the Alliance supports expanding site-neutral payments to freestanding emergency departments, also known as off-campus emergency departments, which were explicitly left out of the BBA. In 2017, MedPAC [found](#) that from 2010 to 2015 the number of hospital outpatient ED visits increased by more than 7% per capita, outpacing physician offices, which increased just under 2% per capita. MedPAC found that in 2016 "almost all of the 566 stand-alone EDs were located in metropolitan areas that have existing ED capacity and were often located in more affluent ZIP codes with higher household incomes and higher shares of privately insured patients." MedPAC raised concerns that this growth was driven in part by the Medicare payment system that pays hospital-based providers more for treating lower acuity cases in higher-cost ED settings and recommended that Congress eliminate policy exceptions to site-neutral payment for ambulatory services and align Medicare payment rates for off-campus emergency departments to reduce payment disparities with lower cost settings that can safely treat low-acuity patients.

We urge CMS to continue to work with Congress to resolve those statutory limitations and expand site-neutral payments to all off-campus HOPDs and examine their potential application to freestanding emergency departments.

Thank you for the opportunity to provide comments, and we look forward to working with you on this and other issues of importance. If you have any questions or wish to collaborate on these issues further, please contact [Tara Bradshaw](#).

Sincerely,

The Alliance to Fight for Health Care