National Patient
Advocate Foundation

September 11, 2025

Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

RE: Re: Medicare and Medicaid Programs; CY 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Submitted electronically via www.regulations.gov

National Patient Advocate Foundation (NPAF) appreciates the opportunity to submit comments on this proposed fee schedule.

Background

NPAF prioritizes policies responsive to unmet financial needs articulated by patients and caregivers coping with complex and chronic conditions. For most of them, financial distress is a common consequence of serious illness. This is true even for individuals with health insurance. Costs of medical and other care escalate quickly and often overwhelm even the best planned household budgets, hurting individuals' economies, health, and quality of life. Patients and family caregivers in our vast national network consistently tell us that preserving financial stability alongside medical and mental health must be considered as integral aspects of high-quality healthcare, and NPAF is positioned to pursue this objective through evidence-supported, system-level reforms.

Our direct patient services counterpart, Patient Advocate Foundation (PAF), delivers a hands-on, skilled "Needs Navigation" model with and on behalf of patients experiencing financial hardship to help reduce the stress they and their caregivers experience in successfully completing the time-consuming administrative processes needed to access care and benefits. In 2024, PAF reached more than 3.1 million people via direct services, education, and outreach, distributing over $335 million in financial support and providing direct, sustained assistance to more than 193,000 patients. The population PAF served last year alone represented 804 distinct diagnoses and 454 rare diseases from all 50 states and 91% of all US counties.

Needs navigation aims to ease healthcare cost concerns that are a common condition across patient populations. NPAF worked with patients and caregivers to define and describe the need for it in terms that are resonant and responsive to their challenges as they've identified them:

> *Provided hands-on by individuals skilled in communication and resource coordination, Needs Navigation helps secure access to safety net services and other responsive assistance personalized to preserve patient and family financial health.*

NPAF recognizes the importance of making Needs Navigation models reliably available to help people with cost concerns in every care setting – hospitals, outpatient offices, skilled nursing facilities, community health centers and more. This is one of our top policy priorities for improving quality in the context of advancing person-centered, value-based care. A variety of clinical and non-clinical navigation models have evolved over the past decades in different care settings as a critical component of providing person-centered care, including Needs Navigation to help patients and families make ends meet and maintain their financial health while contending with their complex and chronic conditions.

Evidence indicates the striking necessity of expanding the availability of Needs Navigation models now, with a recent Gallup poll showing more than one-third of Americans (35%) reporting that they are unable to access quality, affordable healthcare – findings that are four points higher than in 2023 and a new high since 2021. A 2025 national survey of 2,510 patients and caregivers fielded by our PAF Patient Insight Institute found 82% of them experienced financial difficulties in the past year because of expenditures related to medical care, insurance, cost of living challenges, lost wages, and more. The majority of this cohort also confirmed that Needs Navigation should be available for everyone (89%), with 95% responding that they valued Needs Navigation as a vital part of healthcare.

Recognizing the rising prevalence of financial hardship across patient populations, Needs Navigation should now be expanded and integrated as a care model across all Medicare programs to provide real-time relief and practical help for patients and families at risk for medical debt, other health-related financial hardships, and social strains that contribute to poorer health outcomes.

With this background, here are our comments on this proposed fee schedule:

Support for increased access to mental and behavioral health services

NPAF advocates for parity in policies for medical and mental/behavioral health. Therefore, we support the various aspects of this proposed fee schedule that increase access to mental and behavioral health services. These include:

- Addition of Multiple-Family Group Psychotherapy to the list of CY 2026 Telehealth services.
- Three new G-codes billed as add-on services when the APCM base code is reported by the same practitioner in the same month. The specific codes are for 1) Initial psychiatric collaborative care management during first month of behavioral health care manager activities; 2) Subsequent psychiatric collaborative care management in a subsequent month of behavioral health care manager activities; and 3) Care management services for behavioral health conditions, directed by a physician or other qualified health care professional, and requiring initial assessment or follow-up monitoring, behavioral health care planning, facilitating and coordinating treatment and continuity of care with a designated member of the care team.
- Clarification that "certified or trained auxiliary personnel" for CHI and PIN services includes Marriage and Family Therapists and Mental Health Counselors, and that they can bill Medicare directly for these services if personally performed in a mental health capacity.

Community-Based Organization (CBO) and "Incident To" Billing

We support the ability of CBOs to contract with qualified providers to deliver principal illness navigation (PIN) services and for CBOs to participate in PIN code payment through "incident to" billing. However, payment for such services goes to the billing provider and not the CBOs. It is unclear whether the "incident to" structure is effective at delivering these services. We join with the cancer navigation community in recommending another potential comparator to the new PIN "incident to" billing codes and that is to monitor and measure Medicare patient utilization, outcomes, costs, and quality of care when physician practices incorporate and receive reimbursement for internally providing PIN services. We agree that this approach could reveal differences, if any, in uptake and patient satisfaction between the different access pathways which could inform future rulemaking.

Prevention and Management of Chronic Disease – Request for Information

We appreciate the opportunity to provide input on this topic. Chronic illness is widespread and costly. For every additional illness, people have increased out of pocket medical and medication costs, sometimes in the thousands of dollars per year. Therefore, we recommend that Needs

Navigation models be included for anyone with chronic illness to assess and help mitigate financial hardship from medical and other associated expenses. We should think of not only preventing or managing chronic illness but preventing and managing the financial hardship and poorer health outcomes that come along with it.

Proposed Ambulatory Specialty Model

Our recommendation about this new model is that the heart failure cohort services should include Needs Navigation. People can live with heart failure for a long time and require increasing medical support to maintain function and quality of life across the trajectory of the disease. This unfortunately comes with high personal financial burden. One study found the average annual out-of-pocket healthcare expense for families with a member suffering from heart failure was around $4,400, and 1 in 7 families spent over 20% of their annual income on care. This study also found that low-income families with heart failure were disproportionately affected, with 1 in 4 experiencing financial hardship and 1 in 10 facing catastrophic financial consequences, spending over 40% of their income on care. Many of these people live in rural areas, where access to care is limited and where they face elevated transportation costs as well. To mitigate the harms of these hardships, patients participating in this model should also have access to hands-on Needs Navigation assistance and responsive resources.

Feeling Heard and Understood Measure

As one of the primary patient organizations involved with the professional practitioners partnering under a CMS MACRA award in the development, validation and eventual endorsement of this quality measure, it is gratifying to see its use expanded recently in various measure sets to reinforce the importance of provider accountability for skilled communication as an essential attribute of value-based care. NPAF applauds this person-centered progress and recommends that the agency consider including this patient-reported "feeling heard and understood" quality measure in all Medicare program measure sets.

Conclusion

NPAF appreciates the opportunity to comment on this proposed fee schedule. Engaging patients in NPAF's policy development practices and providing a Needs Navigation model addressing financial hardship concerns prioritized by patients and caregivers is a hallmark of our nearly 30 years of organizational experience, expertise, and history. We are happy to share lessons learned and welcome the opportunity to meet with agency staff to discuss these recommendations to scale Needs Navigation and skilled clinical communication that is person-centered in all reform efforts to make the healthcare system work for everyone. Please contact me at Rebecca.kirch@npaf.org if NPAF can provide further details.

Respectfully submitted,

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