No Health without Mental Health
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September 14, 2026

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

Re: **CY 2027 FFS Medicare Physician Fee Schedule Proposed Rule CMS-1848-P: Accountable Whole Person Quality Measurement and Payment**

Dear Administrator Oz,

NHMH – No Health without Mental Health (www.nhmh.org), joined in by the undersigned organizations, is a patient advocacy nonprofit n with a focused mission to advance accountable, value-based, integrated medical-behavioral healthcare in all care settings and venues.

We are gratified that CMS has made consistent substantial headway towards achieving that goal. With progress centered on building important pieces of an integrated delivery, measurement and payment infrastructure, with various components of integrative care across physical and behavioral health in multiple CMS/CMMI programs. Leading examples include the IBH models as well as original ACOs, ACO REACH, ACO LEAD and the ACCESS models. We are especially pleased with CMS/CCSQ's pioneering Universal Foundation of quality measures initiative, combining measures across domains such as behavioral health, chronic disease, care coordination and person-centered care, with the intent to use those and other common measures across all federal health programs.

Our Main Message: It is clear CMS has moved decisively toward integrated medical-behavioral care conceptually, and has begun constructing the important pieces of an integrated care delivery, measurement and payment infrastructure. However, the building blocks developed constitute different delivery and payment experiments, distributed among separate CMS programs, measures, data systems and payment models rather than functioning as one accountable whole-person *system*, measuring the whole person's medical and behavioral health outcomes. And able to answer the fundamental question: Did the patient, who received coordinated integrated care, become healthier and function better, at an acceptable total cost of care?

Our Ask: CMS give the highest policy priority to driving acceleration of the transition from fragmentation towards modernization of our healthcare system by building an entire integrated healthcare system characterized by:
* a unified payment system: with a clear requirement to incentivize the whole patient's total health outcomes;
* one accountable entity: with responsibility for physical health, behavioral health, functioning, patient experience and total cost of care with accountability shared among clinicians;
* a unified quality measurement architecture: with an ultimate measurement set comprised of a relatively small, transparent, clear set of high-value, patient-centered measures to include: PH and BH clinical outcomes; functioning/PROMs; care coordination; avoidable utilization; total cost of care; and patient experience;
* a unified underlying data framework: including a new modernized data model including interoperability, attribution, risk adjustment and analytics infrastructure; and
* a unified cross-program federal strategy: with all CMS sub-agencies moving towards the same goal rather than pursuing somewhat different approaches.

We would be pleased to provide further information or answer questions; please contact Florence Fee at florencefee@nhmh.org.

Best regards,

NHMH – No Health without Mental Health
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American Association for Marriage & Family Therapy
Roger D. Smith, JD, Chief Advocacy Officer & General Counsel

American Association on Health & Disability
E. Clarke Ross, D.P.A, Public Policy Director

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