Healthcare Advisory Committee

Meeting 1

May 18, 2026

Welcome to the Healthcare Advisory Committee Meeting

Healthcare Advisory Committee Meeting 1 Agenda

1. Welcome
   2:30 – 2:45 PM ET
2. Introductions
   2:45 – 3:15 PM ET
3. Bylaws Discussion
   3:15 – 3:35 PM ET
4. Working Group Scope
   3:35 – 4:20 PM ET
5. Public Comment
   4:20 – 4:50 PM ET
6. Closing and Next Steps
   4:50 – 5:00 PM ET

How to Provide Public Comment

During this meeting

Please use the Zoom Q&A feature to submit your questions and comments.

We will monitor the Q&A throughout the meeting, and any unanswered questions will be addressed in the meeting notes.

After This Meeting:

- Email your comments to HAC@cms.hhs.gov

During the Next Meeting:

- Email your comments to HAC@cms.hhs.gov with subject “Request for Verbal Comment”
- Comments will be reviewed to ensure they are in scope and selected on a rolling basis

Meeting 1 Objectives

- Introduce Committee members
- Provide context for Committee's charge
- Approve Committee bylaws
- Narrow the Committee's focus and each Working Group's scope

Meeting Ground Rules

- Today's meeting is being recorded
- To help facilitate discussion—
  - Raise your name tent card when you'd like to speak
  - Wait to be called on by the Chair
  - State your name before speaking

Committee Introductions

Healthcare Advisory Committee Members

Clive K. Fields, MD
Chair

Robert Bessler, MD

Sebastian Caliri

David Carmouche, MD

Elizabeth M. Fago

William (Bill) J. Gassen, JD

Jenni Gudapati, PhD, MBA, RN

Valerie D. Huhn

Dennis Laraway, MBA

Dan Liljenquist, JD

Andrew Lynch, PhD

Ursel J. McElroy

Kyu Rhee, MD, MPP

Tony Robbins

Russ Thomas, JD

Linda Thomas-Hemak, MD, FACP, FAAP

Bylaws Discussion

Bylaws at a Glance

Purpose & Scope

Membership & Terms

Meetings & Logistics

Voting & Conflict of Interest

Communications

Bylaws Vote

Are you in favor of adopting the draft Healthcare Advisory Committee bylaws?

Voting Guidelines

- **Listen for your name:** Chair will call members individually
- **State your vote:** Yes | No | Abstain
- **Disclose conflicts:** State any relevant conflicts before voting

Working Group Operations and Scope

Introduction to Working Groups

Working Groups are the Committee's acceleration engine designed to:

- Narrow complex healthcare challenges into manageable problem statements
- Leverage a smaller group of experts in a nimble setting to identify problems, review research, and generate innovative ideas
- Turn promising concepts into prioritized and actionable outputs for Committee deliberation and transformation into draft recommendations*

*Working Groups do not report recommendations directly to a federal agency. Recommendations are formed at the Committee level.

Initial HAC Working Groups

MAHA by Improving Wellness & Preventing Chronic Disease

- Dr. Clive Fields, Lead
- Andrew Lynch
- Tony Robbins

Reducing Administrative Burden

- Dan Liljenquist, Lead
- Dennis Laraway
- Dr. Linda Thomas-Hemak

Deploying Real-time Data

- Sebastian Caliri, Lead
- Dr. David Carmouche
- Steph Carlton

Improving Care for Vulnerable Populations

- Dr. Kyu Rhee, Lead
- Valerie Huhn
- Bill Gassen

Strengthening Medicare Advantage

- Dr. Robert Bessler, Lead
- Ursel McElroy
- Elizabeth Fago

Crushing Fraud, Waste, & Abuse

- Russ Thomas, Lead
- Kim Brandt
- Dr. Jenni Gudapati

MAHA by Improving Wellness & Preventing Chronic Disease

Developing actionable policy solutions to prevent and better manage chronic disease

Initial Opportunities for Change

Champion the idea of the 'healthspan' for all Americans: a cradle-to-grave opportunity which starts at home, lives in your community, and is supported by the healthcare system

We will seek to:

- Promote the integration of prevention strategies directly into communities with the focus on the first point of contact between patients and the healthcare system
- Accelerate access to high-quality healthcare teams inclusive of behavioral health practitioners
- Build longitudinal and trusted relationships between patients and providers
- Harness new technologies to empower patients and support longer and healthier lifespans

Reducing Administrative Burden

Advancing accountability for safety and outcomes while reducing unnecessary administrative burden

Initial Opportunities for Change

Simplify the accountability system for providers and the healthcare workforce, payers, patients and caregivers

We will seek to:

- Eliminate unnecessary and burdensome regulations (incl. duplicative, obsolete, contradictory rules and regs) and create an ongoing process to maintain regulatory hygiene
- Evaluate friction and challenges across CMS Programs, including Traditional Medicare, Medicare Advantage, Medicare ACOs, and Medicaid & CHIP
- Recalibrate oversight and accountability to the appropriate levels (e.g., CMS payer delegation on MA)

Deploying Real-time Data

Expanding the use of real-time data to support a higher quality of care, speed up claims processing, and improve quality measurement

Initial Opportunities for Change

Build real time data infrastructure to reduce administrative burden, improve quality, and reduce friction between payers and providers, and combat fraud, waste, and abuse

We will seek to:

- Create reality of data liquidity so patients, providers, and payers can access real-time data without special effort
- Identify data solutions for payer-provider collaboration to reduce administrative burden and facilitate payments
- Modernize and harmonize Medicaid data infrastructure across states

Improving Care for Vulnerable Populations

Enhancing care for vulnerable populations, including those served by Medicaid

Initial Opportunities for Change

Reimagine and define quality for vulnerable populations

We will seek to:

- Determine which non-medical services belong in Medicaid
- Leverage Medicaid data to reduce costs, improve quality, and demonstrate ROI
- Incentivize Medicaid innovation and best practices locally and nationally
- Move Medicaid from volume to value

Strengthening Medicare Advantage

Strengthening Medicare Advantage sustainability, including modernizing risk adjustment and quality measurement

Initial Opportunities for Change

Make Medicare Advantage (MA) more sustainable for patients, providers, payers, and taxpayers

We will seek to:

- Identify incentives to reward patients for actions that improve their health outcomes
- Make it easier for patients to understand MA plan options and features
- Decrease friction of participating as a provider in MA and improve real-time connectivity across care settings
- Improve predictability for MA plans (e.g., multi-year enrollment)
- Address the sustainability of the Medicare Trust Fund by demonstrating cost savings with high quality outcomes from MA

Crushing Fraud, Waste, & Abuse

Identifying and developing actionable levers for CMS to strengthen program integrity to protect taxpayer dollars while preserving access for compliant providers and beneficiaries

Initial Opportunities for Change

Harness new technology, tools, and partnerships to proactively and transparently prevent fraud and identify innovative approaches to reduce waste and abuse

We will seek to:

- Empower patient medical decision-making by leveraging modern technology
- Incentivize appropriate utilization and accelerate appropriate payment timelines
- Strengthen CMS infrastructure by improving current FWA technology, tools, and processes

Public Comment

Closing and Next Steps

Closing

Recap of Today's Meeting

- Introduced Committee members
- Provided context for Committee's charge
- Reached consensus on Committee bylaws
- Narrowed the Committee's focus and each Working Group's scope

Stay Connected

- Check the HAC website for updates on future Committee meetings and other exciting information
- Share your thoughts with the Committee by emailing HAC@cms.hhs.gov

Thank you!