

February 23, 2026

Submitted electronically via: www.regulations.gov

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-4212- P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Global Benchmark for Efficient Drug Pricing (GLOBE) Model Proposed Rule (CMS-5545-P)

Dear Administrator Oz,

Vizient, Inc. appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule, Global Benchmark for Efficient Drug Pricing (GLOBE) Model (hereinafter, “Proposed Rule”). Elements of the Proposed Rule may have an impact on healthcare providers and the patients they serve. In response, Vizient offers recommendations to CMS that aim to minimize potential burden on providers and ensure patient access to treatment is maintained.

Background

[Vizient, Inc.](http://www.vizientinc.com), the nation’s largest provider-driven healthcare performance improvement company, provides solutions and services to more than two-thirds of the nation’s acute care providers and more than one-third of ambulatory providers. Vizient offers proprietary data and analytics to deliver unique clinical and operational insights and a contract portfolio representing \$156 billion in annual purchasing volume enabling the delivery of cost-effective care. With its acquisition of Kaufman Hall in 2024, Vizient expanded its advisory services to help providers achieve financial, clinical and operational excellence. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at www.vizientinc.com.

Recommendations

Vizient appreciates CMS’s efforts to reduce drug prices by testing innovative payment models that aim to avoid disruptions to providers while supporting increased access for patients. Vizient offers recommendations to CMS that aim to clarify elements of the GLOBE Model and potential consequences of the model. Further, we encourage CMS to consider our comments regarding provider impacts in the context of the “Guarding U.S. Medicare Against Rising Drug Costs (GUARD) Model”¹.

Proposed GLOBE Model Beneficiary Coinsurance Adjustment and Adjusted Medicare Payment for GLOBE Model Drugs²

¹ <https://www.federalregister.gov/documents/2025/12/23/2025-23705/guarding-us-medicare-against-rising-drug-costs-guard-model>

² CMS proposes GLOBE Model drugs to include a set of Part B rebatable drug categories (single source and sole source biological products) that are used to treat beneficiaries with conditions where access barriers (e.g., high costs) can negatively impact clinical

For the GLOBE Model, CMS proposes that the adjusted Medicare payment amount would be equal to the allowed amount for the GLOBE Model drug minus the product of the GLOBE Model beneficiary coinsurance percentage and the allowed amount, assuming no other claim adjustment applies.³ Based on this proposal, Vizient understands that overall provider payment (i.e., the Medicare Part B program payment to the provider and the beneficiary financial responsibility) would be the same for GLOBE Model drugs and non-GLOBE Model drugs. Vizient supports protections that ensure providers are not negatively impacted by the model, including policies that align provider reimbursement rates with those rates providers would receive if not furnishing a GLOBE Model drug.

In addition, CMS indicates that the agency's calculation and application of the GLOBE Model beneficiary coinsurance percentage and resulting Medicare reimbursement would not be subject to appeal. For example, CMS does not address potential circumstances where the agency may have erred (e.g., calculating an inaccurate coinsurance percentage). Vizient is concerned that providers could risk being inaccurately reimbursed with no means to verify reimbursement accuracy. As such, Vizient encourages CMS to clarify how providers can request review of the agency's calculation when a provider believes an error or oversight occurred, such as when a beneficiary is improperly identified for inclusion in the GLOBE Model or if the incorrect pricing metrics were used.

Proposed Defined Population

Prior to the model start and periodically thereafter, CMS proposes to identify eligible Medicare fee-for-service (FFS) beneficiaries and update a GLOBE Model Eligible Beneficiary List. This list would be used to identify beneficiaries eligible for reduced coinsurance under the GLOBE Model. Also, CMS provides that the list would be effective when the Medicare claims processing system is updated with the GLOBE Model Eligible Beneficiary List information. As outlined in the Proposed Rule, providers would not be required to calculate the adjusted beneficiary coinsurance or adjusted Medicare Part B payment for rebatable drugs. Vizient appreciates this approach, as it will help minimize provider burden.

However, as proposed, it is unclear how a provider would be able to determine the correct coinsurance amount and Medicare payment for a given claim. Vizient encourages CMS to provide additional information to providers interested in verifying reimbursement. In addition, Vizient suggests CMS clarify operational differences that providers may experience as a result of the GLOBE Model.

Proposed Quality Measures

CMS proposes utilizing quality measures to monitor and evaluate whether quality of care is impacted by the GLOBE Model. CMS also noted it will consider Part B drug utilization and prescribing patterns, out-of-pocket costs for administered Part B drugs, changes in site of service and downstream healthcare utilization (e.g., hospitalizations or emergency room visits). However, the agency does not clearly indicate whether it will monitor for manufacturer-initiated

outcomes and increase costs. Table 4 of the Proposed Rule provides an illustrative list of proposed performance year 1 GLOBE model drugs and model participants based on the agency's initial analysis. CMS indicates it will identify GLOBE Model Drugs and add them to the GLOBE Model Drug List (to be made available on the GLOBE Model web page). The GLOBE Model Drug List would be maintained quarterly to add and remove drugs, as appropriate.

³ For example, if the Medicare Part B allowed amount is \$100 and the GLOBE Model beneficiary coinsurance percentage is 10 percent (instead of the usual 20 percent), the Medicare Part B program payment to the provider or supplier would be adjusted and would be \$90 (instead of the usual \$80) and the beneficiary financial responsibility would be \$10. The formula in this example is $\$100 - (0.100 \times \$100) = \$90$.

white-bagging requirements, even though it acknowledges that manufacturers may seek to increase white-bagging to avoid owing a GLOBE Model rebate amount. As CMS may be aware, white-bagging often negatively impacts patient care and imposes additional expenses and operational complexities on providers.⁴ A survey of Vizient's provider clients found that 92% of respondents reported experiencing problems with the medication received through white- or brown-bagging, including issues such as receiving the incorrect drug, damaged product, the dose not arriving in time for administration and the dose no longer being appropriate due to a patient's therapy changes. In most circumstances, providers strongly prefer traditional buy-and-bill models. As such, Vizient anticipates that an increase in white-bagging or channel-shifting would be due to manufacturer behavior, rather than a collaborative decision between manufacturer and provider.

Given this information, Vizient is concerned that CMS expects manufacturers to expand these alternative models⁵ which can disrupt patient care, especially as the agency has not proposed policies to prevent white-bagging or channel-shifting. Therefore, should CMS finalize the GLOBE Model, Vizient urges CMS to provide additional protections, including potential manufacturer-focused quality measures (e.g., to quantify manufacturer-imposed channel shifting or complaints) or penalties for manufacturers, to better quantify this harmful behavior and, if possible, prevent manufacturers from advancing such practices.

In addition, CMS indicates that payments to manufacturers or providers would not be adjusted based on quality of care. Vizient agrees that payments to providers should not be negatively adjusted based on quality of care through the GLOBE Model, however providers may still be indirectly penalized. For example, if quality issues emerge for beneficiaries involved in the program, such as when a manufacturer imposes white-bagging, then hospitals could be penalized through the Hospital Value-Based Purchasing Program. Vizient agrees that it is important that CMS monitor quality in the GLOBE Program, however, additional measures are needed to ensure providers are not indirectly penalized, such as by appearing to have poorer performance in other CMS quality programs.

Drug Pricing Implications

In the Proposed Rule, CMS provides an overview of the interaction of the GLOBE Model with other federal programs. For example, CMS anticipates Average Manufacturer Price (AMP) to decrease if the manufacturer lowers prices for GLOBE Model drugs. Recently, Vizient released an analysis that revealed varied drug pricing shifts for Medicare Parts B and D in the context of the Medicare Drug Price Negotiation Program.⁶ This analysis shows a redistribution of pricing behavior across Medicare Parts B and D, with many products accelerating, some leveling off and a subset experiencing notable price decreases. While Vizient appreciates the analysis provided in the Proposed Rule, we encourage CMS to also consider studying the impacts of the GLOBE Model on drug pricing trends for products that are not included.

Conclusion

Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care

⁴ <https://vizientinc-delivery.sitecorecontenthub.cloud/api/public/content/e91a7583f7554888ba4031786e5f1430>

⁵ As noted in the Proposed Rule, "We also anticipate that there would be some collaboration between manufacturers and providers to incentivize the increased use of white-bagging, where drugs would be reimbursed for under the Part D benefit while still being administered in an office/facility setting, allowing the manufacturer to avoid owing a GLOBE Model rebate amount for those units."

⁶ <https://www.vizientinc.com/insights/all/2025/early-impacts-of-the-iras-medicare-drug-price-negotiation-program-pricing-trends>

needs. Additionally, many hospitals are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank CMS for the opportunity to share feedback on this important Proposed Rule. Please feel free to contact me, or Jenna Stern at Jenna.Stern@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Shoshana Krilow". The signature is fluid and cursive, with a large initial "S" and a long, sweeping tail.

Shoshana Krilow
Senior Vice President of Public Policy and Government Relations
Vizient, Inc.