Old Mission Advanced Care, PLLC
148 E Front Street, #301, Traverse City, MI 49684

November 13, 2026

Physician-Focused Payment Model Technical Advisory Committee
U.S. Department of Health and Human Services

Re: Letter of Intent — Specialty Episode Accountability for Wound Care in Medicare Risk Contracts

Dear Members of the Committee:

Old Mission Advanced Care, PLLC (OMAC) intends to submit a proposal for a physician-focused payment model that makes a specialty provider financially accountable for the total cost and the outcomes of a defined wound care episode inside Medicare risk contracts. This letter provides the information requested in the Committee's Instructions for Letter of Intent Submissions.

Expected participants. The patient population is Medicare beneficiaries with chronic, non-healing wounds — diabetic foot ulcers, venous leg ulcers, pressure injuries, and arterial and complex post-surgical wounds — attributed to accountable care organizations and LEAD model participants. These patients are concentrated among beneficiaries with cardiorenal and metabolic disease, for whom the wound is frequently the first visible sign of decompensation. The initial implementation population is expected to be several thousand attributed beneficiaries in the first performance year. Participating providers will be physicians, nurse practitioners, and physician assistants practicing mobile specialty wound care under OMAC's medical direction: an estimated 20 to 40 clinicians across the first deployment states in year one, scaling with attributed volume.

Goals of the payment model. Under the current payment system, no single party owns the wound episode. Care is a sequence of disconnected fee-for-service claims, and the predictable results are late interception, avoidable admissions for cellulitis and sepsis, avoidable amputations, and long, expensive episodes. The proposed model is designed to improve quality, through protocolized early interception and gated use of advanced biologics; outcomes, through fewer wound-related admissions and amputations and shorter episodes; and spending, by placing the episode's cost on a single accountable party. Actuarial modeling commissioned by OMAC on the CMS 5% Sample SAF (118,830 wound patients) places status-quo nine-month total cost of care at $36,771 per patient and modeled savings under the proposed arrangement at roughly $24,600 per patient. Those savings are modeled, not observed. They rest on stated assumptions, including a 50% reduction in admissions within 12 weeks and episodes 20% shorter than the status quo. Generating observed evidence for those assumptions is a central purpose of the proposal.

Model overview. The model pays for a defined wound care episode as a risk-adjusted, per-beneficiary specialty payment: in substance, a bundled payment for a defined clinical episode, made by a host risk-bearer (a LEAD participant or an ACO) to the specialty provider as

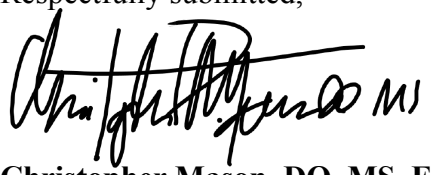
a downstream, nested arrangement under CARA. The specialty provider bears financial risk for wound-related total cost of care within the episode, reconciled against the host's claims, subject to quality gates, outlier protection, and a capped, protocol-governed pathway for advanced biologics. Payment falls when admissions rise. The arrangement pays for interception, not volume. We also ask the Committee to consider a companion CARA-like mechanism for the Medicare Shared Savings Program. OMAC believes the proposed model, nested within LEAD and carrying more than nominal financial risk for the episode, would be likely to meet MACRA's requirements for an Advanced Alternative Payment Model as they apply to participating clinicians.

Implementation strategy. OMAC is a provider organization, submitting on its own behalf. OMAC delivers mobile specialty wound care through employed and contracted physicians and advanced practice clinicians, governed from a central clinical hub in Traverse City, Michigan. OMAC signed its first agreement with a national health plan in October 2026 and is staging deployment in Texas and Florida, with credentialing and clinician recruiting underway and first patient visits in January 2027. The provider organizations committed to implementing the proposed model are OMAC's own state provider organizations in the deployment states, beginning with Texas and Florida. Host arrangements with LEAD participants under CARA are the proposal's implementation vehicle and will be executed as the model advances.

Timeline. OMAC expects to submit the full proposal in March 2027. The provider organizations involved could be ready to implement at the start of the first LEAD performance period following the model's approval. OMAC's delivery operations begin serving patients under existing payer contracts in January 2027.

Thank you for the Committee's consideration. Questions may be directed to the undersigned at drchris.mason@oldmissionadvancedcare.com.

Respectfully submitted,



Christopher Mason, DO, MS, FACEP, FACOEP
Owner/President and CEO, Old Mission Advanced Care, PLLC