



CENTER FOR MEDICARE

December 2, 2025

Dear Providers,

On behalf of the Center for Medicare, I want to express our sincere gratitude for your unwavering commitment to delivering high-quality care to your patients—our Medicare beneficiaries. Medicare is extraordinary. Created through bipartisan support in 1965, it stands as one of the most important and enduring programs in our nation’s history—one that every working American contributes to and ultimately depends on, either now or in the future. Your dedication is essential to ensuring Medicare continues to meet the needs of those it serves. We at CMS are continually inspired by the many examples of your compassion, innovation, and excellence in care. And we hope that you see us as we see you—partners in a shared mission—to ensure every Medicare beneficiary has access to the best possible care. Each day, our work helps millions of Americans live longer, healthier lives, enabling them to reach their full potential—and in doing so, helping our nation reach its full potential as well.

Our shared mission to improve health outcomes through evidence-based care and accountability continues to drive our shared efforts. The broader Medicare strategy for the coming year focuses on reducing administrative burden, removing regulation of where and how clinicians deliver care, improving program integrity, aligning payment with outcomes, and leveraging technology to promote whole-person care.

Key changes that we’re making for 2026 include:

- **Reducing administrative burden:** CMS has begun streamlining its reporting requirements. For example, we have a goal of reducing the number of quality measures by 5% year over year. We hope this gives clinicians more time to focus on what matters — delivery of high-quality, patient-focused care.
- **Reducing regulatory burden on where and how clinicians deliver care:** CMS began the 3-year phase-out of the inpatient only list, removing almost 300 mostly musculoskeletal procedures for calendar year 2026. We also adjusted payment values under the Physician Fee Schedule (PFS) to better recognize costs of professional care outside of hospitals and other facility settings. In telehealth, CMS simplified reviews and retained flexibility for teaching physicians under our physician supervision rules. Whether participating in an Accountable Care Organization (ACO) as part of Original Medicare or in Medicare Advantage, we want to empower you to practice in ways that put the patient first without unnecessary regulatory burden.
- **Improving program integrity:** An estimated \$54B of improper payments was made by Medicare in fiscal year 2024. The agency is committed to protecting the integrity of the

Medicare program and crushing fraud through changes in payment policy and significant investment in next-gen technology to identify and eliminate fraud and abuse in real-time. We need your help. For example, please visit www.cms.gov/fraud to learn more about current fraud schemes and how to report suspected fraud to Medicare.

- **Aligning payment with outcomes:** CMS continues to encourage eligible providers to participate in our value-based care models and programs. We are just beginning a series of changes to make it easier and more attractive for providers to engage in accountable relationships with their patients and be rewarded for doing so. As part of this, the agency recently launched the Ambulatory Specialty Model, which aims to enhance the quality of care while reducing the volume of low-value care by improving upstream chronic disease management for conditions like heart failure and low back pain, consistent with Secretary Kennedy's goals around Making America Healthy Again (MAHA). The Medicare Shared Savings Program has also seen, and will continue to see more, changes that we hope will encourage broader participation.
- **Leveraging technology to promote whole-person care:** Outdated infrastructure, proliferated data silos, and perverse incentives encouraging disconnected data have made it difficult for providers to get timely, useful clinical information to provide medically necessary patient-focused care. We are extremely focused on several initiatives, including the **CMS Health Tech Ecosystem** (<https://www.cms.gov/priorities/health-technology-ecosystem/overview>), to provide revenue certainty at point-of-care and make longitudinal patient information more readily available. These efforts will take time to mature, but we believe they form the foundation for broader technology innovation that will help providers and beneficiaries alike make more better informed, faster, and more cost-effective care decisions.

If you would like to **learn more about what we've been doing at CMS lately**, please see below for links to final rules and easy-to-access fact sheets summarizing recent changes to Medicare:

- For the CY 2026 Physician Fee Schedule final rule with changes to the Medicare Shared Savings Program, visit: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule-cms-1832-f> and <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule-cms-1832-f-medicare-shared-savings>.
- For the CY 2026 Quality Payment Program changes, visit: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3506/2026%20Quality%20Payment%20Program%20Final%20Rule%20Fact%20Sheet%20and%20Policy%20Comparison%20Table.pdf>.
- For the Ambulatory Specialty Model (ASM), visit: <https://www.cms.gov/priorities/innovation/innovation-models/asm>.
- For the CY 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Payment System final rule, visit <https://www.cms.gov/newsroom/fact-sheets/calendar-year-2026-hospital-outpatient-prospective-payment-system-opps-ambulatory-surgical-center>.

- For the CY 2026 End-Stage Renal Disease (ESRD) Prospective Payment System final rule, visit: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-end-stage-renal-disease-esrd-prospective-payment-system-final-rule>.
- For the CY 2026 Home Health Prospective Payment System final rule, visit <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-home-health-prospective-payment-system-final-rule-cms-1828-f>.
- The annual notice of proposed changes to the Medicare Advantage Program should be published by the end of this year.

Quality Improvement Organizations (QIOs) are reaching out to eligible clinicians to offer no-cost quality improvement expertise and support over the next five years, focusing on Make America Healthy Again goals of improved well-being and preventive care as well as patient safety, and care coordination. I encourage you to leverage the excellent support offered by the QIOs.

Finally, as you plan for 2026, we wish to remind you of the importance and advantages of being a Medicare-participating provider. For additional details, please visit <https://www.cms.gov/medicare-participation>.

Additionally, we would be grateful if you could take five minutes to please check your data in the [National Plan and Provider Enumeration System](https://nppes.cms.hhs.gov/login) (NPPES) (<https://nppes.cms.hhs.gov/login>) and ensure that it correctly reflects your status as a health care provider, your current practice address and your current taxonomy. Incorrect data in NPPES may lead to inquiries about your credentials and could delay enrollment with Medicare and other health plans.

Thank you for your continued partnership and commitment to serving Medicare beneficiaries. Together, we will continue to ensure that our healthcare system remains strong and responsive to the needs of all Americans.

If you have any feedback, please contact us at MedicareProviderFeedback@cms.hhs.gov. This mailbox has been specifically created to receive this information and will remain active for two months from the date of this letter.

Sincerely,



Chris Klomp
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Deputy Administrator, Centers for Medicare & Medicaid Services
Senior Advisor to the Secretary, Department of Health and Human Services