

Congress of the United States
Washington, DC 20515

May 12, 2026

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services

Dear Administrator Oz:

We write to commend the Centers for Medicare & Medicaid Services (CMS) for its ongoing work to strengthen program integrity across the Medicare program. In particular, we appreciate the agency's recent actions through the Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH)¹ initiative and other efforts to address the rapid growth in spending on skin substitutes and other services that may be vulnerable to fraud, waste, and abuse (FWA). These efforts mark an important shift toward proactive fraud prevention.

As Chairmen of the Energy & Commerce and Ways & Means Health Subcommittees, we have worked for years to strengthen Medicare program integrity, protect Medicare beneficiaries and Medicare-participating health care providers, and support payment models that properly reward high-quality, efficient care.

Accountable care organizations (ACOs) in the Medicare Shared Savings Program (MSSP) and other ACO and value-based models offered by the Center for Medicare and Medicaid Innovation (CMMI)—are helping keep Americans healthier while lowering costs for the Medicare program and taxpayers. By equipping clinicians with tools to emphasize prevention, better manage chronic conditions, and coordinate care across settings, ACOs have generated billions in savings for Medicare over the past decade. Clinicians participating in these models consistently outperform traditional fee-for-service providers on quality and cost metrics, while reinvesting shared savings into services that improve outcomes for Medicare beneficiaries.

Clinicians in ACOs are also frequently among the first to identify unusual billing patterns and sudden increases in spending across the Medicare program. We are encouraged by CMS's recognition that certain products and services, including skin substitutes, have experienced rapid and potentially inappropriate spending growth that is negatively impacting clinicians in accountable care models. CMS's recent announcement² to remove expenditures for certain high-risk categories—such as catheters, dressings, and orthotics—will help protect clinicians from fraudulent spending that has occurred outside of their control.

¹ 91 Fed. Register 9803-9808 (Feb. 27, 2026).

² CMS Accountable Care Organization Spotlight Newsletter (March 31, 2026)

Specifically, we appreciate the agency's targeted approach within the ACO REACH model to remove a significant portion of skin substitute expenditures for performance year 2025 and the agency's commitment to hold ACO REACH participants harmless from any associated downside risk. These actions reflect a thoughtful and responsive approach to emerging program integrity concerns and will help stabilize participation in advanced accountable care models as CMMI launches the new LEAD Model.

As CMS continues implementing these program integrity measures, we encourage ongoing consideration of how these policies intersect with accountable care benchmarks and financial methodologies. While we understand that Medicare's truncation factor will help mitigate impacts of skin substitute expenditures for many MSSP ACOs, we are concerned that roughly 10 percent of ACOs may still experience significant impact from high spending on skin substitutes. Given that many of these ACOs treat complex and high-needs patient populations, we encourage CMS to continue exploring opportunities to support these ACOs in a targeted and programmatically consistent manner.

In addition, we note that broader spending trends influenced by unusual or inappropriate billing may continue to affect national growth factors used in accountable care model benchmarks. This includes the Accountable Care Prospective Trend (ACPT) in MSSP. We appreciate that, in the prior year, CMS reduced the weight of the ACPT in recognition of methodological concerns, and we thank the agency for acknowledging these issues and taking corrective action. As CMS evaluates lessons learned from recent program integrity actions, we encourage the agency to consider establishing prospective guardrails within ACPT to limit the impact of incorrect trend calculations. In particular, CMS should consider adopting guardrails similar to those outlined in the new LEAD Model that seeks to limit outlier cost growth and spending shocks to improve benchmark stability.

These considerations are particularly important for primary care providers and other clinicians who rely on stable benchmarks to sustain investments in care coordination, patient outreach, and other services that improve outcomes but are not traditionally reimbursed under fee-for-service Medicare. Maintaining a predictable and accurate benchmarking environment will help preserve these investments and support continued participation in accountable care models.

Lastly, we recognize the importance of timeliness and predictability in program integrity actions. As CMS continues to identify and respond to emerging FWA risks, minimizing the lag between the identification of concerning spending patterns and the implementation of corresponding policy adjustments will help reduce uncertainty for participating providers and support sustained engagement in accountable care models.

We appreciate CMS's leadership and its ongoing commitment to protecting the Medicare program while advancing innovative models of care. We look forward to continued collaboration to ensure that program integrity efforts and accountable care initiatives work in tandem to strengthen Medicare for beneficiaries, providers, and taxpayers alike.

Thank you for your attention to these important issues.

Sincerely,

A handwritten signature in blue ink that reads "Vern Buchanan". The signature is fluid and cursive, with the first name "Vern" being more prominent than the last name "Buchanan".

Vern Buchanan
Member of Congress

A handwritten signature in blue ink that reads "H. Morgan Griffith". The signature is cursive and includes a stylized flourish at the end of the last name.

H. Morgan Griffith
Member of Congress