ALLIANCE FOR VALUE-BASED PATIENT CARE

September 15, 2026

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

RE: Strengthening Accountable Care in Medicare

Dear Administrator Oz:

The undersigned organizations in the Alliance for Value-Based Patient Care appreciate the Administration's continued commitment to strengthening Medicare's accountable care programs. We strongly support recent efforts to improve program sustainability, expand participation, and reduce administrative burden for accountable care organizations (ACOs), many of which are directly responsive to previous advocacy by the Alliance and broader ACO community, including:

- Reducing burden of Certified Electronic Health Record Technology (CEHRT) use requirements by shifting to flexible, attestation-based options.
- Expanding quality reporting options to better align requirements with clinical practice.
- Establishing guardrails on Accountable Care Prospective Trend (ACPT) to improve benchmark predictability in Medicare's ACO programs.
- Ensuring that practices in ACOs are not held financially accountable for fraud, waste, and abuse outside of their control during performance year 2025.
- Simplifying beneficiary notification requirements to improve communication with patients and allowing beneficiary cost-sharing reduction options.

We also appreciate that CMS continues to explore additional opportunities to potentially strengthen the program, including through primary care capitation options, increasing specialist participation in accountable care, and the use of digital quality measures (dQMs). These concepts have the potential to improve care delivery and clinician engagement if designed appropriately. We also encourage the agency to continue prioritizing policies that promote long-term sustainability and predictability for ACOs, including addressing benchmark ratchet effects, expanding voluntary full-risk options across programs, and strengthening protections for ACOs against fraud, waste and abuse.

Lastly, Medicare's APM incentives have been critical to driving participation in risk-bearing payment models. CMS should preserve policies that promote participation, minimize unnecessary administrative complexity, support clinician engagement across diverse practice settings, and ensure that eligible clinicians have a clear and attainable pathway to receiving APM incentives. Maintaining meaningful incentives, achievable qualifying thresholds, and clear pathways for incentive distribution is essential to ensuring physician practices, hospitals, community health centers, rural health clinics, and other health care clinicians remain committed to APMs over the

long term. We therefore urge the agency to work with Congress and stakeholders to modernize and improve, not weaken, incentives for participation in APMs as part of a comprehensive payment reform strategy that supports the continued movement toward accountable care, especially as CMS looks to engage more specialty, rural, independent practices, and safety-net providers in APMs.

Thank you for your leadership and commitment to improving care quality, reducing costs, and expanding participation in accountable care. We look forward to continuing to work with CMS to advance policies that support the long-term success of Medicare.

Sincerely,

America's Physician Groups
American Hospital Association
American Medical Association
Health Care Transformation Task Force
National Association of ACOs
Premier Inc.
Primary Care Collaborative
Accountable for Health
AMGA
America's Essential Hospitals
American Academy of Family Physicians
American Society for Radiation Oncology
Association for Clinical Oncology
Association of American Medical Colleges
Medical Group Management Association
National Association of Community Health Centers
National Association of Rural Health Clinics
National Rural Health Association