



## 12/22/25 WEDI FEDERAL UPDATE

**CMS Releases Price Transparency Proposed Rule with 60-Day Comment Period.** The Centers for Medicare & Medicaid Services (CMS), in partnership with the Department of Labor and the Department of the Treasury, have published a [Notice of Proposed Rulemaking](#) (NPRM) updating the 2020 Transparency in Coverage regulations. The proposals aim to improve price transparency by reducing pricing data files' complexity and size, making data clearer, and producing more usable information that consumers, employers, and innovators can use more reliably. The NPRM includes proposals that include: (i) Requiring health plans and issuers to exclude certain data for services providers would be unlikely to perform; (ii) Reorganizing In-network Rate Files by provider network rather than by plan; (iii) Requiring Change-log and Utilization Files so users can easily identify what has changed in the files; (iv) Reducing reporting burden for In-network Rate and Allowed Amount Files by requiring quarterly instead of monthly updates; and (v) Increasing the amount of out-of-network pricing information reported in the files. The proposed rule also would require group health plans and health insurance issuers to provide the same cost-sharing information online, in print, or via telephone. The deadline to submit comments is February 26, 2026. Additional information about the NPRM is available [here](#).

**OCR Settles HIPAA Right of Access Investigation with Occupational Health Services Provider.** The Department of Health and Human Services (HHS), Office for Civil Rights (OCR) [announced](#) a settlement with a Texas occupational health services provider for a potential violation of the HIPAA Privacy Rule. The complaint alleged that the organization failed to provide access to an individual's protected health information within 30 days, and OCR's investigation determined that failure occurred. This settlement is the 54<sup>th</sup> enforcement action in OCR's Right of Access Enforcement Initiative. The organization resolved the enforcement action with a [settlement agreement](#) and payment of a fine of \$112,500.

**CMS Announces LEAD Model to Expand Access to Accountable Care.** The CMS Innovation Center [announced](#) the launch of its newest Accountable Care Organization (ACO) model called the Long-term Enhanced ACO Design (LEAD) Model, which is designed for providers that have not yet joined ACOs. The model will address patients with high needs, such as dual eligibles and

those who are homebound or home limited. It will begin on January 1, 2027, when the REACH Model ends on December 31, 2026, and extends for 10 years through December 31, 2036.

Providers interested in participating can apply starting in March 2026. LEAD is structured to support smaller, independent, or rural-based practices, as well as those who serve more complex patients. The benchmarking methodology and other design features address providers that have faced previous financial and administrative obstacles to participating in ACOs. According to CMS, LEAD will support the Innovation Center's commitment to build opportunities for independent health care providers, promote patient choice, and ease providers' and patients' engagement in preventative care.

**CMS Proposes New Models to Lower Medicare Part B and Part D Drugs.** The CMS Innovation Center announced two new models aimed at lowering costs of prescription drugs covered by Medicare Part B and Part D. The Global Benchmark for Efficient Drug Pricing (GLOBE) Model would help make Part B medications more accessible for Medicare patients, which would better enable them to follow their medication regimen. The NPRM is available for review and public comment in the [Federal Register](#).

The second model, Guarding U.S. Medicare Against Rising Drug Costs (GUARD), would lower costs of certain prescription drugs covered by Medicare Part D making it easier for Medicare patients to obtain their medications and follow their prescribed care. The NPRM is available for review and comment in the [Federal Register](#).

**CMS Posts 2025 MUC List for Comment, Deadline January 6.** CMS [posted](#) its "2025 Measures Under Consideration (MUC) List", with comments due January 6. The list contains 24 unique measures for consideration, with ten of the measures currently implemented in the Medicare program. Two are being considered for use in additional programs and eight have had substantive changes made to their specifications. All 24 measures use at least one digital data source for data submissions, with 23 using only digital data sources. Seven of the measures address the Chronic Conditions and Related Acute Events Meaningful Measure Priority and six address the Safety Meaningful Measure Priority. Included in the posted information is an [Excel](#) file containing details of the measures specifications and a PDF that summarizes the MUC List process.

**ASTP/ONC Announces Reminder of Insights Condition Data Collection Deadlines.** The Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) announced a reminder of the deadlines for data collection and reporting associated with the [Insights Condition and Maintenance of Certification](#). Certified Health

Information Technology (IT) developers who meet the eligibility criteria must collect data starting January 1, 2026, through December 31, 2026 and report the results in July 2027. Developers who are not eligible are required to submit an attestation in July 2027 indicating they do not meet the minimum reporting qualifications. ASTP/ONC urges certified Health IT developers to review the eligibility criteria prior to January 1. According to ASTP/ONC, the goal of the Insights Condition is to provide transparent reporting on certified health IT in order to address information gaps in the health IT marketplace, provide insights on the use of specific certified health IT functionalities, and provide information about the use of certified functionalities by end users.

**ASTP Addresses Connections between TEFCA and CMS-Aligned Networks.** Steve Posnack, Principal Deputy Assistant Secretary for Technology Policy, Principal Deputy National Coordinator for Health Information Technology, discusses the connections between the Trusted Exchange Framework and Common Agreement™ (TEFCA™) and CMS-Aligned Networks in the latest [Health IT Buzz](#) post. The blog details the differences and commonalities between TEFCA and the CMS-Aligned Networks. Posnack outlines that TEFCA focuses on requirements for participants exchanging data through networks with the CMS-Aligned Networks, setting expectations for the pledged organizations. The collaborative approach between TEFCA and the CMS-Aligned Network facilitates advancing the goals of supporting patients, providers, and other authorized entities in accessing and exchanging the electronic health information needed to improve care and reduce burden. Posnack compares TEFCA to a rising tide that lifts all boats and the CMS-Aligned Network to speedboats moving ahead. One provides structure and stability and the other encourages innovation and progress.

**ASTP 2026 Annual Meeting Registration Now Open.** [Registration](#) is now open for the 2026 ASTP Annual Meeting on February 11-12 in Washington, DC. The main stage sessions will address the latest TEFCA developments, HHS's commitment to improving prior authorization, artificial intelligence in health care settings, and the newest innovations in digital health. Breakout sessions will cover topics on information blocking, TEFCA, the latest data analysis from ASTP, USCDI, and more. A virtual option is available for the main stage sessions for anyone who is unable to attend in person.

**Sequoia Project Releases Draft Exchange Purposes SOPs, Comments Due January 5.** The Sequoia Project, TEFCA's Recognized Coordinating Entity, released three draft Exchange Purposes (XP) Standard Operating Procedures (SOPs) for review and feedback. The deadline to submit comments is January 5. The SOPs can be accessed on the [TEFCA Topics in Change Management webpage](#). The Draft XPs SOP Version 5.0 defines the authorized XPs and identifies any XPs for which a response is required by a Responding Node, pursuant to the Common

Agreement. The Draft XP Implementation: Health Care Operations Version 2.0 identifies implementation specifications that Qualified Health Information Networks (QHINs), Participants, and Subparticipants must follow when asserting the Treatment Exchange Purpose, including the TEFCA Required Treatment XP Code. The Draft XP Implementation: Treatment Version 1.2 identifies implementation specifications QHINs, Participants, and Subparticipants must follow when asserting the Health Care Operations Exchange Purpose. Comments are to be submitted to: [rce@sequoiaproject.org](mailto:rce@sequoiaproject.org).