



# Around the world of US healthcare in 360 words or less



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## Editor's note

**Please note: ATW will pause for the next two weeks, and the next issue will be on January 12, 2026. Happy holidays and new year!**

*[This series](#) is produced by KPMG Healthcare and is intended to be short and succinct, less than 360 words, to provide a weekly digestible bite of healthcare regulatory, policy, and industry news relevant to our clients. Links are provided to source material (proposed and final regulations, agency guidance and press releases, reports, research, etc.) when available. Please share this email with colleagues and other interested individuals, and encourage them to [subscribe to our mailing list here](#).*

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## Healthcare regulatory news

CMS announced the [MAHA ELEVATE Model](#), which will provide \$100M for up to 30 three-year cooperative agreements to test “functional or lifestyle medicine interventions” for Original Medicare beneficiaries with chronic diseases. The model will focus on nutrition, physical activity, sleep, stress management, and social support to generate data

on costs and outcomes for potential future coverage. A Notice of Funding Opportunity will be released in early 2026 for the first cohort launching September 1, 2026.

The Trump administration is [proposing](#) updates to its [Transparency in Coverage](#) rule, aiming to make healthcare pricing more accurate and accessible. The proposed rule includes reorganizing in-network rate files by provider network rather than by plan, changing the in-network cost reporting cadence from monthly to quarterly, increasing the amount of data released on out-of-network costs, and ensuring cost-sharing details are available online, in print, and by telephone.

CMS will [update](#) Final Local Coverage Determinations for skin substitute grafts and cellular/tissue-based products, effective January 1, 2026, across all seven A/B Medicare Administrative Contractors. HHS-OIG had previously expressed [concerns](#) over Part B spending on skin substitutes surging in 2024, signaling potential fraud risks like excessive billing without conservative care, provider shifts to more expensive products, and a notable spending gap compared to MA, prompting calls for payment reforms.



## Healthcare law and policy news

The government issued a [record \\$16B in reconciliation payments](#) to Medicare Part D insurers after prescription drug spending in 2024 surged beyond projections. These annual payments subsidize insurers' losses when actual costs exceed initial bids, with one expert noting they may increase further in the future due to the unpredictability of prescription drug costs.

UnitedHealthcare [delayed](#) planned cuts to remote patient monitoring coverage in its MA plans. The policy, originally set for January 1, 2026, would have limited coverage to chronic heart failure and pregnancy-related hypertension, citing insufficient evidence for other conditions like diabetes and COPD.

North Carolina Governor Josh Stein [directed](#) the NC Department of Health and Human Services to restore Medicaid provider rates after a court ruled that prior cuts violated state law, impacting healthcare access for nearly 3M enrollees. The order reverses reductions implemented under former Governor Roy Cooper, ensuring sustained reimbursement levels amid ongoing budget disputes.



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