

Protect Patient Access as CMS Implements the Ambulatory Specialty Model

The Issue

CMS finalized the Ambulatory Specialty Model (ASM) on October 31, 2025, for the CY 2026 Medicare Physician Fee Schedule final rule. The rule was based on CMS's existing statutory authority and did not require a vote from Congress. Eligible specialty types for the low back pain cohort will be anesthesiology, interventional pain management, neurosurgery, orthopedic surgery, pain management, and physical medicine and rehabilitation who will be required to participate in the new model.

Physicians will be measured on quality, cost, improvement activities, and promoting interoperability. Performance will impact Medicare Part B payments to physicians. The data collection method is currently unclear, which is causing confusion and potentially delaying care for physicians who will be required to participate. New patient care models should be evidence-based to ensure patient safety when pursuing CMS's goals. IPSIS welcomes initiatives to enhance quality, coordination, and outcomes of care for Medicare beneficiaries.

Physicians require proper planning time, clear performance metrics, and appropriate protections prior to being placed at financial risk in a new mandatory model.

Give Physicians Time to Prepare

The Ambulatory Specialty Model (ASM) will start on January 1, 2027, giving physicians little time to understand the final rules, build the infrastructure to report data, analyze performance, or implement practice changes. CMS should postpone the ASM's implementation and clarify expectations for physicians, so they have time to determine improvement opportunities prior to being financially exposed.

Significant Implementation Concerns Remain

Several elements of ASM warrant further evaluation before physicians are held financially accountable:

- **Substantial financial exposure.** Participating physicians face significant positive or negative Medicare payment adjustments based on their performance under a new and untested specialty payment model.
- **Uncertain performance targets.** Comparative scoring makes it difficult for physicians to know their ultimate performance benchmark in advance or identify improvements needed to avoid a negative adjustment.
- **MIPS special statuses are not recognized.** Many anesthesiology and interventional pain management physicians qualify for MIPS special statuses reflecting differences in practice setting and operational control, particularly for Promoting Interoperability. Those protections are not currently recognized under ASM.

Why It Matters to Patients

Successful value-based care requires physicians to understand what is expected of them and have the tools and information necessary to improve care.

Moving forward with a mandatory model before participating physicians have adequate preparation, reliable performance information, and clarity about how they will be evaluated risks focusing practices on navigating a new payment system rather than achieving the improvements in patient care the model is intended to promote.

Congressional Ask

Urge CMS to delay implementation of the Ambulatory Specialty Model.

Additional time is needed to address outstanding implementation concerns and ensure physicians have the information, infrastructure, and opportunity to prepare before being held financially accountable under a new mandatory payment model.

