ACO REACH Weekly Newsletter

October 14, 2025

NEWS

10/14 NEW! Information on the ACO REACH Telehealth Benefit Enhancement

Absent Congressional action, beginning October 1, 2025, many of the statutory limitations that were in place for Medicare telehealth services prior to the COVID-19 Public Health Emergency will take effect again for services that are not behavioral and mental health services. These include prohibition of many services provided to beneficiaries in their homes and outside of rural areas, and hospice recertifications that require a face-to-face encounter. Given these changes, CMS is providing information on the telehealth flexibilities available to REACH ACOs.

REACH ACOs can continue to use the Telehealth Benefit Enhancement (Telehealth BE) if the ACO has elected this Benefit Enhancement. The Telehealth BE ensures coverage for telehealth services billed using HCPCS codes G9481-G9489, G0438, G0439, and G9868-G9870—these service codes generally cover most telehealth services, including non-behavioral health appointments. Prior to using the Telehealth BE, a REACH ACO should verify it elected the Telehealth BE, has an approved implementation plan, and assigned the Telehealth BE to its Participant and Preferred Providers. For more information on the Telehealth BE, see Appendix J of the Participation Agreement.

For information on the Bipartisan Budget Act of 2018 (BBA), see Appendix K of the Participation Agreement. The BBA allows clinicians in applicable ACO programs and models to provide and receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restriction and in the beneficiary's home.

10/14 NEW! Signed Voluntary Alignment Data Templates (SVADT) Due on October 22

ACOs that have elected Prospective Plus alignment may submit their SVADT through the 4i Document Submission feature by Wednesday, October 22, 2025. To access the Document Submission feature in 4i, please navigate to Operations > Document Submissions > Voluntary Alignment. When you upload your SVA List, be sure to select the correct PY from the dropdown. Your ACO should upload the SVA List under the "Signed Voluntary Alignment – Beneficiary Submission Lists" category to ensure that CMS tracks the submission by the 10/22 deadline. When submitting the SVA List to 4i, please use the standard file naming convention, D####SVAYYYYMM#.xlsx, which is the ACO ID followed by SVA, year and month of submission, and file number (to differentiate between multiple submissions) and ensure that the SVADT is uploaded under PY2026. Please note: CMS will only accept one SVA submission file per REACH ACO, per quarter. If multiple files are uploaded to the 4i File Exchange, CMS will only accept the most recent submission. As a reminder, ACOs should no longer submit SVA lists to the ACO REACH Help Desk. SVA records that are validated and approved will be aligned to the ACO with an effective date of January 1, 2026. For assistance in uploading files, please review Operations and Document Submission Tip Sheet, linked here https://4innovation.cms.gov/secure/knowledge-management/view/1453

10/14 Updated! PY2026 Voluntary Alignment Form and Resources Now Available on 4i

The PY 2026 Voluntary Alignment form template is unchanged from the one used after April 11, 2024 and for PY 2025. There are no changes between the form for PY 2024 and PY 2025. If an ACO has an approved version dated after April 11, 2024, and no changes have been made since, it may continue using that version for PY 2026. Any new or changed forms or letters sent to beneficiaries need to be submitted to CMS for review in accordance with the Participation Agreement. Please find the Voluntary Alignment template here: https://4innovation.cms.gov/secure/knowledge-management/view/364.

10/7 New feature in 4i

Beginning October 1, 2025, CMS is introducing a New Bulk Drop and Bulk Terminate workflow in 4i that uses Excel-based templates to streamline the process for removal or termination of provider records. Provider Management Tip Sheets in the 4i Knowledge Library (https://4innovation.cms.gov/secure/knowledge-management/view/451) will be updated shortly to reflect this new feature.

10/7 PY 2026 Quality Kick-off Webinar – Part 1: Quality Measures and Risk Adjustment

Join us for Part 1 of the PY 2026 Quality Kick-off Webinar on Thursday, November 6, 2025 at 1:00 p.m. During this 60-minute session, we will focus on quality measures, including a deeper dive into the risk adjustment methods used for the claims-based measures. We will also have dedicated time for Q&A. Please come prepared with questions about the quality measures.

In response to ACO feedback, this year's Quality kick-off has been structured as a two-part series to allow for more focused discussions. Part 2, scheduled for December 11, will cover the PY 2026 Quality Strategy and provide a review of quality reporting. Please monitor the newsletter for updates and event details.

Please find registration details under Upcoming Events below.

10/7 Best Practices for the PY 2025 Certified Electronic Health Record Technology (CEHRT) Audit Document Available in 4i

CMS will begin the PY 2025 Certified Electronic Health Record Technology (CEHRT) Audit this month for selected ACOs, reviewing compliance with *Article VII* of the ACO REACH Model Participation Agreement.

CMS has provided an educational resource to assist ACOs ahead of the upcoming PY 2025 CEHRT Audit. The document, which is titled, *Best Practices for PY 2025 Certified Electronic Health Record Technology (CEHRT) Audit*, is now available in the 4Innovation (4i) Knowledge Library > Model Resources. This resource outlines documentation requirements and offers guidance for a successful audit.

Selected ACOs will receive an audit notification letter and checklist via a 4i compliance task on October 8, 2025. These materials will detail the required documents, submission format, and timeline.

Note: CMS will host an Office Hour on Wednesday, October 15, 2025, from 1:00–2:00 p.m. ET. Find more details on the Office Hour in the Upcoming Events section of this newsletter.

If you have any questions, please email the ACO REACH Model Help Desk at ACOREACH@cms.hhs.gov using the subject line: "[Entity ID] – CEHRT Audit."

9/30 PY 2025 CEHRT Reminder: 100% Participant Provider Usage

Beginning in Performance Year (PY) 2025, ACOs and Participant Providers are required to use Certified Electronic Health Record Technology (CEHRT), as defined in 42 Code of Federal Regulations (CFR) § 414.1305. CEHRT use must be in a manner sufficient to meet the applicable requirements of 42 CFR § 414.1415(a)(1), including any amendment thereto.

All REACH ACOs are required to attest in 4Innovation (4i) that their PY 2025 Participant Providers will use CEHRT for at least one quarter of PY 2025 or qualify for an exception to the CEHRT use requirement. As such, Participant Providers must be using CEHRT no later than October 1, 2025, to be considered compliant, or they must meet an exception from the CEHRT use requirement.

Exceptions include:

- Failure to meet the low volume threshold as defined in 42 CFR § 414.1305;

- Qualifies for reweighting of the Merit based Incentive Payment System (MIPS) Promoting Interoperability performance category to zero percent of the final score, in accordance with 42 CFR § 414.1380(c)(2)(i) for the applicable year; or
- Is an eligible clinician as defined in 42 CFR § 414.1305 and is not a MIPS eligible clinician as defined in 42 CFR § 414.1310(b)(2), provided they cannot be excluded solely on the basis of being a Qualifying Alternative Payment Model (APM) Participant or a Partial Qualifying APM Participant.

Additional information is available in the 4i Knowledge Library. See the document titled, *PY 2025 Cover Letter concerning CEHRT Compliance in ACO REACH* at https://4innovation.cms.gov/secure/knowledgemanagement/view/1598.

PY 2026 CEHRT requirements are still under development. Additional information related to PY 2026 will be shared with ACOs when it becomes available.

If you have any questions, please email the ACO REACH Model Help Desk at ACOREACH@cms.hhs.gov using the subject line: "[Entity ID] – CEHRT Audit."

9/30 Final Beneficiary Report Available

A new final PY 2024 Beneficiary Alignment Report will be delivered to ACOs on October 1, 2025, and it will reflect changes from the PY 2024 Revised Covered Services Check (where applicable).

9/30 Key Dates – PY 2026 Provider-Level BE/BEI Elections Closing Soon

Prior to each Performance Year (PY), REACH ACOs can elect Benefit Enhancements (BEs)/Beneficiary Engagement Incentives (BEIs) to offer to aligned beneficiaries. BE/BEI elections are optional. To utilize a BE/BEI, REACH ACOs must have an approved Implementation Plan (IP) and must make ACO-Level Elections and Provider-Level Elections for each PY. The ACO-Level Elections and IP submissions windows have closed. **The Provider-Level Elections window closes on Friday, October 17, 2025.** In preparation for PY 2026, below are key dates for PY 2026 BE/BEI elections:

For PY 2026	Entry Date	Closing Date
Provider-Level Elections for BEs/BEIs	09/15/2025 at 8 a.m. ET	10/17/2025 at 11:59 p.m. ET

If you have any questions, you may contact the ACO REACH Model Help Desk at ACOREACH@cms.hhs.gov including "<ACO ID> - PY 2026 BE/BEI Implementation Plan" in the email subject line.

HELPDESK QUESTION OF THE WEEK

Q: The deadline to make the 'Provider-level' Payment Mechanisms (PM) for PY 2026 is October 17, 2025. Where in 4i do we need to enter the 100% Primary Care Capitation for our participating providers?

A: The providers have been finalized in 4i for PY 2026. All eligible 'Participant' Providers (Primary Care Service Providers) were set to 100% Primary Care Capitation (PCC); therefore, no further action is required. If the ACO chooses to provide PCC to eligible 'Preferred' Providers, they may select this PM and specify the desired percentage until 11:59:59 PM ET on 10/17/2025.

PCC Eligible Individual Providers are those with the following Primary Specialty (as listed in PECOS):

- General Practice
- Family Medicine
- Internal Medicine
- Pediatric Medicine
- Geriatric Medicine
- Nurse Practitioner
- Clinical Nurse Specialist
- Physician Assistant

PCC Eligible Institutional Providers have a CMS Certification Number (CCN) within the following range:

- 1000-1199 FQHC
- 1800-1989 FQHC
- 3400-3499 RHC
- 3800-3999 RHC
- 8500-8999 RHC

UPCOMING EVENTS

- **PY 2025 CEHRT Audit Office Hour (Cross-Model)**
  - Date: Wednesday, October 15, 2025, from 1:00 p.m. – 2:00 p.m. ET
  - Target Audience**:** ACOs Selected for the CEHRT Audit
  - To attend this event please use the link(s) below:
    https://us06web.zoom.us/j/84408475806?pwd=jhOVPnQAgzopFenlIHMab4aWJRdaRD.1
    Meeting ID: 844 0847 5806 Passcode: 854902
    Join by Phone: https://us06web.zoom.us/u/kd8MzHYG0B

- **ACO REACH PY 2024 Final Settlement Report Webinar**
  - Date: Thursday, October 16, 2025, from 2:00 p.m. – 3:00 p.m. ET
  - To attend this event please use the link below: https://cms.zoomgov.com/meeting/register/FGNdxW8ZRvWI_RgUK81aDg

- **PY 2026 Quality Kick Off webinar Part 1**
  - Date: Thursday, November 11, 2025, from 1:00 p.m. to 2:00 p.m. ET
  - To attend this event, please use the link below: https://rtiorg.zoom.us/webinar/register/WN_JDRHWkG0TIOzNu6BN_mFDJg

Upcoming Deadlines and Reports

10/16/2025	Final Settlement Webinar
10/17/2025	October Monthly Ad Hoc Period Ends
10/17/2025	Deadline for Provider Level Payment Mechanism
10/17/2025	Deadline for BE/BEI elections in 4i
10/20/2025	September Monthly Expenditure Report
10/20/2025	September National Reference Population Data Report
10/22/2025	Timely Error Notice Deadline for Final Settlement Report – S2
10/22/2025	SVA Submission Deadline for Jan 1 Effective Date
10/23/2025	October Beneficiary Alignment Report
10/24/2025	September Provider Specific Payment Reduction Report

REMINDERS

General Educational Reminder

The information included in this document is intended to be an educational resource for ACOs only, it is not intended to provide advice. The provisions of the ACO REACH Model Amended and Restated Participation Agreement ("Agreement" herein), will control in the event of any gaps or conflict in guidance, and ACOs may wish to consult counsel in determining the implications for their respective situation.

ACO REACH Standard Password

If your ACO needs to send Protected Health Information (PHI) or Personally Identifiable Information (PII) – including Taxpayer Identification Numbers (TINs) – to CMS or the ACO REACH Help Desk, you must encrypt the information with the ACO REACH standard password, not a commercial encryption program. The standard password for 2025 is DXXXX$2025aco where DXXXX is your ACO ID.

Centers for Medicare & Medicaid Services (CMS) has sent this update. To contact Centers for Medicare & Medicaid Services (CMS) go to our **contact us** page.

Questions? Contact ACO REACH Model Helpdesk at **ACOReach@cms.hhs.gov** or call us at 18887346433 (Option 1, 3) from 8:30 a.m. to 7:30 p.m.ET.

ACO REACH Model Website: **https://innovation.cms.gov/innovation-models/aco-reach**