ACO REACH Weekly Newsletter

October 28, 2025

NEWS

10/28 NEW! Ad Hoc Window for ACO-level Election of the Telehealth Benefit Enhancement for PY 2026

CMS will open an Ad Hoc Window for REACH ACOs to submit ACO-level elections for the Telehealth Benefit Enhancement (BE) from October 29, 2025, until November 5, 2025. Note: This election is only available to active ACOs that did not already elect the Telehealth BE. **Interested REACH ACOs must submit their election of the Telehealth BE starting October 29 and no later than 11:59 PM ET on November 5 using the survey linked here:** https://surveys.cms.gov/jfe/form/SV_0dIDXS00vfEeaTc.

The Ad Hoc Window for ACO-level elections for the Telehealth BE is an optional, one-time opportunity to ensure all PY 2026 REACH ACOs can leverage telehealth flexibilities available through the Telehealth BE during PY 2026.

REACH ACOs that elect the Telehealth BE must also complete the additional steps below by their respective deadlines.

1. Assign the Telehealth BE to their Participant Providers and/or Preferred Providers from November 10, 2025 – November 14, 2025, via 4i; and
2. Submit an Implementation Plan from November 3, 2025 – November 14, 2025, via 4i. REACH ACOs whose Implementation Plans receive an approval will be able to use the Telehealth BE starting January 1, 2026.

Note: REACH ACOs that elect the Telehealth BE must ensure their Implementation Plan complies with all items on the PY 2026 Implementation Plan Checklist for the Telehealth BE, as there will not be an opportunity for

revision. The PY 2026 Implementation Plan Checklist for the Telehealth BE can be accessed on 4i using this link: https://4innovation.cms.gov/secure/knowledge-management/view/1975.

For more information on the Telehealth BE, please review Appendix J of the ACO REACH Participation Agreement. For more details on how to navigate the Ad Hoc addition submission process, please view this guidance: https://4innovation.cms.gov/secure/knowledge-management/view/482

For additional questions regarding this Ad Hoc window or the survey, please contact the CMS ACO REACH Model Help Desk, ACOREACH@cms.hhs.gov, with the subject line, Ad Hoc Window for Telehealth Benefit Enhancement Election.

10/21 DATES UPDATED! Final Settlement and Post Settlement Demand and Payment Schedule

Please note the corrections to the prepayment window as indicated below in **red.**

- For ACOs that did not request a revised Covered Services Check, and did not submit a Timely Error Notice (TEN):
    - **Prepayment window:** 11/19/2025 – 12/**09**/2025
    - **Payment offsets:** 11/18/2025, if the ACO incurred a loss prior to PY 2024 Final Settlement; or 12/10/2025, if the ACO does not prepay during the prepayment window
    - Shared Savings Payments issued on 11/28/2025
    - **PY 2022 / PY 2023 Post-Settlement Adjustment:** Payments issued on 11/28/2025
    - **Demands Issued:** 12/29/2025
        - Demands will reflect PY 2024 Final Settlement and PY 2022/PY 2023 Post-Settlement Adjustments (as applicable)
- ACOs that requested a revised Covered Services Check or submitted a TEN:
    - **Prepayment window:** 01/03/2026 – 01/**14**/2026
    - **Payment offsets:** 01/16/2026, if the ACO incurred a loss at PY 2024 Final Settlement and does not prepay during the prepayment window
    - Shared Savings Payments issued on 12/29/2025*
    - **PY 2022 / PY 2023 Post-Settlement Adjustment:** Payments issued on 12/29/2025
    - **Demands Issued:** 01/30/2026*
        - Demands will reflect PY 2024 Final Settlement and PY 2022/PY 2023 Post-Settlement Adjustments (as applicable)
- Note: Timeline assumes ACO's TEN is resolved by date stated*

10/21 Cross Learning Event for CMMI models

Mark your calendars! You are invited to join care transformation peers across CMMI models in a virtual discussion on Identifying and Engaging with Key Partners on Wednesday, October 29, from 1 - 2 p.m. ET. During this event you will hear lessons learned from model participants who have developed strong partnership

networks to support care coordination and integration, and to drive comprehensive care transformation in support of the beneficiaries they serve. The October 29 event will:

- Outline the value of partnership to implement CMMI models, and to improve health outcomes as well as the beneficiary experience of care
- Present approaches to identifying key partners and areas of opportunity to collaborate with partners in model implementation and care transformation
- Provide a forum for participants across multiple CMMI models to connect and learn from each other on establishing and sustaining effective partnerships

This webinar is geared towards model participants in Innovation in Behavioral Health (IBH), Cell Gene Therapy (CGT), Increasing Organ Transplant Access (IOTA), and Enhancing Oncology Model (EOM), however participants in other CMMI models are welcome to attend. Register using the link below in "Upcoming Events."

10/14 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 PY 2026 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.

UPCOMING EVENTS

- **Identifying and Engaging with Key Partners – Cross Model Learning Webinar**
  - Date: Wednesday, October 29, 2025, from 1:00 p.m. - 2:00 p.m. ET
  - To attend this event, register here: https://cms.zoomgov.com/webinar/register/WN_cq6yxSESTGet-EtYBmJeVw#/registration

- **PY 2026 Quality Kick Off webinar Part 1**
  - Date: Thursday, November 11, 2025, from 1:00 p.m. - 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

10/29/2025 Q4 Provider Alignment Report
10/29/2025 Q4 Signed Attestation Based Voluntary Alignment Response File
10/30/2025 Deadline to Repay CMS to Avoid Offsets to October Capitation Payments
11/01/2025 November Adhoc Window Opens
11/04/2025 Q3 Quarterly Report
11/07/2025 October CCLF

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**