



## BRIEFING DOCUMENT

# The CMS ACCESS Model

## What Health Technology Leaders Need to Know

*Prepared by Zen Healthcare IT [www.zenhealthcareit.com](http://www.zenhealthcareit.com) January 2026*

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### Executive Summary

**Applications open January 2026. If your digital health product cannot demonstrate bidirectional data exchange this year, you will not be part of the conversation.**

The Centers for Medicare & Medicaid Services (CMS) has introduced the Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model. This program represents the most significant Medicare opportunity for the digital health industry in the last decade.

ACCESS is a 10-year program that establishes a new, outcomes-based payment pathway for technology-enabled chronic disease management. It fundamentally shifts federal reimbursement models beyond their traditional focus on certified Electronic Medical Records (EMRs). For the first time, a broad range of health technologies can directly participate in a scalable Medicare payment model. This includes digital health applications, remote monitoring platforms, and telehealth tools.

The program provides a sustainable, decade-long reimbursement route targeting nearly 29 million Medicare fee-for-service beneficiaries. It offers a real alternative to the often inconsistent and painful process of negotiating with commercial payers.

Success within the ACCESS model depends on three core capabilities:

1. Demonstrating clinical outcomes
2. Ensuring deep interoperability

### 3. Providing robust reporting

Participants will be paid for achieving clinical targets, not for logging activities. A mandatory requirement is bidirectional data exchange with referring providers through Health Information Exchanges (HIEs) or similar national focused networks (TEFCA). Future standards will likely align with TEFCA. Technology vendors, not providers, are responsible for building the infrastructure to measure, track, and report clinical outcomes to CMS via standards-based APIs.

With applications opening in January 2026 and a launch date in early July 2026, health tech leaders must act decisively to assess their product fit, model the financial opportunity, and address critical gaps in their interoperability and reporting capabilities.

Zen Healthcare IT has helped HIEs and health tech vendors solve exactly these challenges for over a decade, and provides simplified API access to TEFCA QHINs like CommonWell and eHealth Exchange.

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## A Paradigm Shift in Medicare Reimbursement

The ACCESS Model marks a foundational change in how CMS approaches payment for technology in healthcare. Historically, federal incentive programs such as Meaningful Use and Promoting Interoperability were exclusively the domain of certified EHR vendors. ACCESS dismantles this barrier. It creates the first CMS incentive program with broad impact for health tech companies beyond the EMR ecosystem.

This program specifically pays for achieving positive outcomes in chronic disease management through the use of technology-enabled care. Eligible tools include:

- Digital health applications
- Remote monitoring platforms
- Telehealth services
- Coaching and behavioral support tools

Any technology that helps individuals manage chronic conditions now has a potential federal reimbursement pathway that did not previously exist.



## Clinical Tracks

The model is structured around four distinct clinical tracks, creating clear avenues for participation for companies focused on prevalent chronic conditions:

- Early Cardio-Kidney-Metabolic
- Cardio-Kidney-Metabolic
- Musculoskeletal
- Behavioral Health

Companies whose products address conditions such as hypertension, diabetes, obesity, chronic pain, depression, or anxiety are directly applicable to these tracks.

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## A Scalable Federal Payment Pathway

For digital health companies that have struggled with the painful and inconsistent process of securing commercial reimbursement, ACCESS offers a stable and scalable alternative. It bypasses the need for payer-by-payer negotiations and avoids the uncertainty of pilot programs by providing a direct, decade-long federal payment pathway.

### Key Features of the Payment Model

**Target Population:** The model provides access to nearly 29 million Medicare fee-for-service (FFS) beneficiaries.

**Outcomes-Based Payment:** Reimbursement is aligned with clinical outcomes, not process measures. Providers get paid for achieving specific clinical targets, such as blood pressure reduction, A1C control, or improvements in validated patient-reported outcomes.

**Reduced Patient Friction:** Participating organizations may elect to waive patient cost-sharing, which can remove a significant barrier to enrollment and adoption.

**Provider Incentives:** Referring providers can bill a co-management payment of approximately \$100 per patient per year for their role in care coordination, encouraging participation from the clinical community.



**Broader Market Impact:** The creation of a formal CMS reimbursement pathway often serves as a catalyst for commercial payers to follow suit. Success in the ACCESS model could become the proof point that unlocks wider commercial coverage.

## Program Timeline

Milestone	Date
Applications Open	January 2026
First Application Deadline	April 1, 2026*
Model Launch	July 2026
Rolling Applications	Through January 2033
Model End	June 30, 2036

*Note: CMS has published slightly varying dates in different documents. Organizations should verify current deadlines at [cms.gov/priorities/innovation/innovation-models/access](https://www.cms.gov/priorities/innovation/innovation-models/access).*

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## The Centrality of Interoperability

A non-negotiable requirement of the ACCESS model is robust, bidirectional data exchange. This emphasis on interoperability ensures that technology-enabled care is integrated into a patient's broader healthcare journey, rather than existing in a silo.

Participants must integrate with a Health Information Exchange (HIE) or a trusted national focused network like TEFCA to allow referring clinicians, such as primary care practitioners and Accountable Care Organizations (ACOs), to securely access patient updates.

*Providers evaluating tech partners for ACCESS will ask one question: **How are you handling the interoperability requirements?** If you don't have*



*an answer, you're not well positioned to leverage ACCESS as a growth strategy.*

## **Defining Bidirectional Exchange**

The CMS expectation for "bidirectional" data exchange goes beyond simple, one-way reporting. It is defined as the ability to:

- Receive electronic referrals
- Ingest patient medication lists
- Consume patient history from external sources
- Share care plans electronically at key milestones (treatment initiation, completion, and clinical progress points)

Sending a PDF report to a physician's office via secure email is insufficient. Future rulemaking may mandate more advanced standards, such as FHIR-based APIs or exchange aligned with the Trusted Exchange Framework and Common Agreement (TEFCA). For vendors serving chronic care populations nationwide, TEFCA is the only viable path to scale clinical data access.

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## **Mandatory Outcomes Reporting**

As an outcomes-based model, the responsibility for measurement and reporting falls squarely on the participating technology vendor, not the provider. Payment from CMS will be determined by the overall percentage of an organization's patients who meet defined outcome targets, compared against a minimum threshold that increases annually.

This requires that the reporting infrastructure be built into the technology product itself. Vendors cannot expect providers to manage the complexities of tracking and submitting outcomes data. The technology must be capable of demonstrating, for example, that a patient's blood pressure dropped by a specific amount, their A1C improved, or their PHQ-9 depression scores trended positively.



Participants will be required to report these measures to CMS using standards-based APIs. While a detailed implementation guide is forthcoming from CMS, the mandate is clear: vendors must be able to prove the outcomes for which they seek payment.

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## Strategic Imperatives and Action Plan

Given the rapid timeline and evolving nature of the program, proactive preparation is critical. Details on payment amounts, risk adjustment, and technical requirements are still being finalized. The vendors who are ready when applications open in January 2026 will have a significant competitive advantage.

### Recommended Action Steps

- 1. Assess Clinical Alignment.** Review the four clinical tracks and definitively determine which ones your product can support.
- 2. Model the Revenue Opportunity.** Conduct a financial analysis to build a business case. Quantify the potential recurring Medicare revenue based on current or prospective customers serving the Medicare FFS population and the outcome-aligned payment structure.
- 3. Audit Interoperability Capabilities.** Map all current data exchange functions. The key questions: Can your system receive clinical data, or only send it? Are there existing HIE connections or a clear integration path? Is there a national network - TEFCA strategy?
- 4. Inventory Reporting and Outcomes Measurement.** Compare the outcomes your product currently tracks (blood pressure, A1C, weight, pain scores, PHQ-9) against the likely requirements for the relevant ACCESS clinical tracks. This gap analysis should inform your product development roadmap.
- 5. Assign Oversight and Stay Informed.** Designate a team member to own the process of tracking all CMS rulemaking and updates related to the ACCESS model. This individual should sign up for the official ACCESS Model Interest Form.



**6. Engage Key Partners.** Initiate conversations with interoperability partners to ensure the technical foundation for bidirectional data exchange is in place well before the application deadline.

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## Resources

### Further Reading on the ACCESS Model

- **Trey Rawles' analysis on ACCESS:** A comprehensive breakdown of payment mechanics, market sizing, and investment implications. [treyrawles.substack.com](http://treyrawles.substack.com)
- **ATI Advisory, Unpacking ACCESS:** An overview of the model's structure and next steps for providers and technology vendors. [atiadvisory.com](http://atiadvisory.com)
- **Coral Health Advisors, What You Need to Know About ACCESS:** Analysis of how ACCESS integrates with existing digital care programs. [coralhealthadvisors.com](http://coralhealthadvisors.com)
- **Modern Healthcare, CMS puts digital health into the spotlight:** A collection of reactions from health tech CEOs on the model's industry impact. [modernhealthcare.com](http://modernhealthcare.com)

### Interoperability Context

- **Brendan Keeler's Health API Guy:** Essential reading on healthcare interoperability, TEFCA, and CMS policy. [healthapiguy.substack.com](http://healthapiguy.substack.com)
- **TEFCA Overview from ASTP:** A guide to the federal framework for nationwide health information exchange. [healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca](http://healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca)

### Primary Sources

- **CMS ACCESS Model page:** The official program overview from CMS. [cms.gov/priorities/innovation/innovation-models/access](http://cms.gov/priorities/innovation/innovation-models/access)
- **ACCESS Technical FAQ:** Detailed answers from CMS on requirements, timelines, and participation. [cms.gov/priorities/innovation/access-technical-frequently-asked-questions](http://cms.gov/priorities/innovation/access-technical-frequently-asked-questions)



- **ACCESS Model Interest Form:** The official sign-up form to receive updates from CMS. [app.innovation.cms.gov/ACCESSLOI/](http://app.innovation.cms.gov/ACCESSLOI/)
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## About Zen Healthcare IT

Zen Healthcare IT provides healthcare integration and interoperability solutions for health information exchanges, healthcare providers, hospitals, payers, and technology vendors.

Zen's Gemini Integration Platform provides the bidirectional data exchange that ACCESS requires, including certified TEFCA access. As a certified national network gateway, Zen can connect healthcare organizations to over 600,000 physicians and 4,200 hospitals via a simple API connection, and this list is getting bigger daily.

**To schedule a consultation to assess your ACCESS readiness, visit:**

[consultzen.com/free-interoperability-expert-consult](http://consultzen.com/free-interoperability-expert-consult)

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