CMS Holds Off Unveiling ACCESS Payment Rates, Bars Double Dipping With FFS Medicare

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The CMS Innovation Center released new details about how health technology companies will be reimbursed through the ACCESS model on Friday (Dec. 19) but declined to share precise reimbursement rates for the model's four clinical tracks until 2026. The upcoming rates, coupled with newly unveiled restrictions on simultaneous reimbursement elsewhere in Medicare, could determine whether the over 250 health technology companies that have signaled their intent to apply for the model ultimately seek to participate.

CMMI revealed that ACCESS model participants cannot submit Medicare fee-for-service claims and will be penalized if too many of their patients receive remote monitoring, digital therapeutics and other health technology-enabled care from other Medicare entities.

"Payment rates and related model parameters will be announced in 2026 in advance of the initial application deadline," CMMI wrote in the Request for Application. The deadline for applicants seeking to become the first ACCESS model participants is April 1, 2026, but CMS will accept more applications after that date.

The exact ACCESS model payment rates, referred to as Outcome-Aligned Payments (OAPs), "will influence the economic viability of various technologies through ACCESS," Simeon Niles, director at McDermott+, wrote to *Inside Health Policy*.

Over 250 health technology companies have submitted their intent to apply to the ACCESS model, according to Jacob Shiff, CMMI's chief AI and technology officer. ACCESS will focus on four clinical tracks when it begins in July 2026: early cardiometabolic conditions, cardio-kidney-metabolic conditions, musculoskeletal conditions, and behavioral health conditions.

But even if CMMI announces favorable OAPs for each clinical track, health technology companies will have to weigh other trade-offs before deciding to participate.

“Potential ACCESS Participants will then have to decide whether the benefits (no copays, flex for technology use, etc.) are sufficiently attractive (and outweigh inability to also bill FFS),” wrote Jared Augenstein, senior managing director at Manatt, on LinkedIn.

The ACCESS Request for Application revealed that model participants cannot also bill for Medicare fee-for-service.

The bar on FFS billing means it will be “nearly impossible for health systems to directly participate” in ACCESS, according to Augenstein. Instead, health systems will likely partner with health technology companies, which can participate in ACCESS themselves.

“ACCESS Participants and their affiliated entities may not submit Medicare FFS claims (directly, or indirectly through another organization for which they provide contracted services) for aligned beneficiaries during active care periods,” CMMI wrote in the Request for Application.

But a substitute services penalty could create tension between technology companies participating in ACCESS and partner health systems already using remote monitoring and digital therapeutics to care for patients, Augenstein wrote.

The ACCESS model will lower OAPs if too many of the model participants’ Medicare beneficiaries receive substitute services from a different Medicare entity for the same condition the participant is supposed to manage.

For example, if an ACCESS participant is caring for Medicare beneficiaries with musculoskeletal conditions but too many of those beneficiaries receive new physical therapy evaluations for low back pain from other Medicare providers, that participant could see lower OAPs, the Request for Application explains.

The Request for Application revealed that Medicare entities billing for remote monitoring, digital therapeutics, Medicare Diabetes Prevention Program and other

health technology-related Medicare fee-for-service codes will count toward ACCESS model participation's substitute service penalty.

"The fee-for-service exclusion could significantly reshape decisions around partnerships, contracting, and organization structures for potential applicants. This aspect of the model introduces a layer of complexity that stakeholders will need to navigate carefully," Niles wrote.

The Request for Application explained that the ACCESS model will also lower OAPs if model participants do not yield clinical improvements for the Medicare beneficiaries it serves over 12 months. CMS said it will publish outcome measure targets "informed by clinical guidelines" for each ACCESS track. -*Christian Robles* (crobles@iwpnews.com)