Advancing Chronic Care with Effective, Scalable Solutions (ACCESS)

Application Programming Interface (API) Implementation and Data Submission Technical Office Hour

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Centers for Medicare & Medicaid Services | Center for Medicare & Medicaid Innovation

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Office Hour Format

In today's office hour, we will answer:

- **Common questions** submitted to our help desk and via registration forms.
- **Live questions from event attendees** on the call.

Please type your questions in the **Q&A box**.

If we do not get to your question, we welcome you to email the ACCESS team at **ACCESSModelTeam@cms.hhs.gov**. We will aim to answer any unaddressed questions via email and upcoming FAQs.

Agenda

1. Welcome and Introductions
2. ACCESS Model Overview
3. API Functions
4. General API Requirements
5. Eligibility API
6. Alignment and Unalignment APIs
7. Data Reporting API (DRAFT) and Data Submission
8. Q&A Session
9. Closing and Resources

CMS Remarks

Today's Presenters

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ACCESS Model Overview

ACCESS Model Overview

ACCESS will allow Medicare patients to integrate technology-supported solutions into their care delivery. The model will focus on four clinical tracks addressing many of the most common chronic conditions.

Problem

Original Medicare patients have limited access to technology-supported care solutions because of a lack of viable payment pathways and Medicare-enrolled practitioners who want to offer technology-supported care delivery models are often constrained by existing payment structures.

Solution

Through ACCESS, CMS will test a **new Outcome-Aligned Payment (OAP) option** that emphasizes outcomes over activities, enabling clinicians to offer innovative technology-supported care that improves patients' health and complements traditional care.

Track Overview

Early Cardio-kidney-metabolic (eCKM): Hypertension, dyslipidemia (high or abnormal lipids, including cholesterol), obesity or overweight with a marker of central obesity, and prediabetes

Cardio-kidney-metabolic (CKM): Diabetes, chronic kidney disease (Stage 3a or 3b), and atherosclerotic cardiovascular disease (ASCVD), including heart disease

Musculoskeletal (MSK): Chronic musculoskeletal pain

Behavioral Health (BH): Depression and anxiety

API Functions

ACCESS Model Application Programming Interfaces

To participate in ACCESS, organizations will need to develop clients to interact with four initial APIs to support the eligibility and alignment process and to submit OAP Measure data and patient reported outcomes data. This information is described in the **ACCESS Implementation Guide (IG)** on the CMS Digital Services Github.

The Implementation Guide **consolidates guidance for all ACCESS Model APIs** into a single comprehensive resource, providing:

- **Authentication** configuration requirements
- **Shared resources** used across multiple APIs
- **API-specific resources** used in specific APIs

Primary ACCESS Model APIs

Eligibility API	Alignment API	Unalignment API	Data Reporting API

All data shared with CMS for eligibility, alignment, and data reporting must be shared via these APIs.

Primary ACCESS Model APIs

Participants must submit all CMS data for eligibility, alignment, unalignment, and data reporting through the following APIs.

Eligibility API

Allows participants to submit basic patient information for a pre-check of model eligibility before formal patient alignment.

Alignment API

Verifies eligibility, including clinical eligibility, and aligns a patient to a participant and a specific clinical track at that point in time.

Unalignment API

Enables participants to manually unalign a patient from the model for an approved reason (e.g., patient moved to a state where participant is not licensed, patient becomes clinically ineligible).

Data Reporting API

Allows participants to submit patient data as required in the model, including at the start of the care period, end of period, and quarterly reporting.

Asynchronous and POST API Operations

All ACCESS APIs use an asynchronous request-response pattern to accommodate processing time. Participants will need to poll for submission status to receive final responses.

Each ACCESS API will support two operations: a **POST** operation to submit the request, and a **GET** operation to poll for the submission status and response.

General API Requirements

Health Information Technology Requirements

To ensure interoperability, care coordination, and alignment, participants will be expected to utilize health information technology that meets implementation standards:

Care Coordination and Interoperability

- Participants must implement technology that conforms with standardized criteria.
- This requirement ensures patients and authorized health care providers can securely access and exchange electronic health information using **Fast Healthcare Interoperability Resources (FHIR) based standards**.

Data Submission to CMS via API

- Participants must be able to submit POST requests in order to report required **clinical and patient-reported outcomes data** through CMS's FHIR-based Data Reporting API. CMS is not offering alternative methods for reporting this data.

Health Information Exchanges (HIE)

- Within 12 months of the model start date, participants must establish (or maintain) connectivity to **an HIE that enables bidirectional electronic exchange of health information** across the geographic area where the participant delivers care.
- Connectivity must support timely and reciprocal exchange of clinical information with other health care providers involved in a patient's care to ensure continuity of care.

Eligibility API

Eligibility API

ACCESS Participants can use the Eligibility API to check which patients may be eligible prior to officially submitting the patient's information for alignment with the participant and enrollment in the model.

The ACCESS Eligibility API will allow participants to submit basic information on a patient who may be a good candidate for the ACCESS Model and who has expressed interest in enrollment.

How to Use the Eligibility API

The ACCESS Eligibility API uses an asynchronous pattern for checking patient eligibility for the ACCESS Model. The pattern uses two operations to support a submit-and-poll workflow:

- **$check-eligibility:** Submits an eligibility check request
- **$submission-status:** Polls for the status of a submitted request, and returns a response when complete

Eligibility API: Inputs Parameters and Result Codes

The Eligibility API requires information about the ACCESS Participant and the potential patient to determine if they are eligible for the model.

Eligibility API Input Parameters

- **participantID:** The ACCESS ID of the submitting participant (assigned in the Participant Portal)
- **payerID:** The payer ID for the patient (this will be the Original Medicare payerID)
- **patient:** Patient information conforming to **US Core Patient Profile**, which must include:
  - A patient identifier
  - A patient name
  - A gender
  - A date of birth (optional)
- **track:** The ACCESS Model track to check for eligibility
- **condition (optional):** ICD-10 codes for the patient's track-specific conditions[1]

Eligibility Result Codes

- **eligible:** The patient is eligible for the ACCESS Model
- **eligible-pending-diagnosis:** Patient is provisionally eligible, depending on the diagnosis
- **not-eligible-not-medicare:** The patient is not eligible because they are not a Medicare recipient
- **not-eligible-services:** The patient is not eligible because they are receiving services that prevent eligibility (e.g., hospice and end stage renal disease (ESRD))
- **not-eligible-diagnoses:** The patient is not eligible based on the submitted diagnosis codes
- **not-eligible-control-group:** The patient is otherwise eligible but has been assigned to a randomized control group for 12 months
- **not-eligible-already-aligned:** The patient is not eligible because they are already aligned to another participant in the same clinical track
- **eligible-switch-participants:** The patient is eligible to switch participants

[1]Track specific conditions can be found on page 16 of the **Request for Applications**.

Alignment and Unalignment APIs

Alignment API

The ACCESS Alignment API will determine if the patient can be aligned to the ACCESS Participant for a specific clinical track and begin receiving care under the model.

The ACCESS Alignment API allows ACCESS Participants to submit patient information that aligns an eligible patient to a clinical track with the submitting participant.

How to Use the Alignment API

The ACCESS Alignment API uses an asynchronous pattern for aligning patients to a track and participant in the ACCESS Model. The pattern uses two operations to support a submit-and-poll workflow:

- **$align:** Submits an alignment request
- **$submission-status:** Polls for the status of a submitted request and returns a response when complete

Alignment API Input Parameters

The Alignment API has many of the same input parameters as the Eligibility API**,** with a few additions:

- **condition:** Required parameter for the alignment API
- **isProviderReferral:** Parameter to indicate whether the patient was referred by a physician
- **switchConsentAttestation:** Parameter used when a patient is requesting to switch ACCESS Participants after the 3-month lock-in period

Best Practices for Verifying Patient Alignment

There are several result codes depending on if a patient is successfully or unsuccessfully aligned.

Best Practices

Eligibility Pre-Check: Check coverage eligibility via the Eligibility API before submitting alignment requests through the Alignment API.

Diagnosis validation: Ensure that all submitted conditions are relevant to the requested track and are clinically validated.[1]

Track validation: Verify that you are submitting the correct Clinical Track code (eCKM, CKM, MSK, BH).

Alignment Result Codes

- **aligned:** The patient is eligible and has been aligned so the participant can now begin providing services to the patient under the model
- **aligned-switch-approved:** The patient switched and has realigned to the new ACCESS Participant after the 3-month lock-in period
- **not-aligned-control-group:** The patient is not aligned and has been assigned to a randomized control group for 12 months
- **not-aligned-already-aligned:** The patient is not aligned because they are already aligned to another participant in the track
- **not-aligned-not-medicare:** The patient is not aligned because they are not enrolled in Medicare Part B
- **not-aligned-services:** The patient is not aligned because they are receiving services that prevent eligibility (e.g., hospice, ESRD)
- **not-aligned-diagnoses:** The patient is not aligned because they do not have a qualifying diagnosis

[1]Track specific conditions can be found on page 16 of the **Request for Applications**.

Switching Participants

Patients may switch ACCESS Participants within the same clinical track 90 days after enrolling in the model. When a patient wishes to switch participants after the 3-month lock-in period, the new participant should undergo the provider switch workflow detailed below.

Provider Switch Workflow:

1 Verify Eligibility to Switch

Use the Eligibility API to check if the patient is eligible to switch ACCESS Participants in their track after the 90-day lock in period

→

2 Obtain Consent

Obtain the patient's consent to switch ACCESS Participants for that track

→

3 Submit Switch Request

Submit an alignment request, including patient consent attestation

→

4 Process Result

If approved, receive result code '**aligned-switch-approved**'

Important Notes on Switching ACCESS Participants:

- Patients must be aligned for at least **3 months** in a clinical track before they can switch ACCESS Participants.[1]
- If a switch request is submitted before the 3-month period expires, the result will be '**not-aligned-already-aligned**'.
- The **switch consent must be positively attested** by the new participant to indicate the patient's explicit consent to change participants.

[1]Patients can switch between the eCKM and CKM tracks before the end of the 3-month lock-in period.

Unalignment API

If a patient who is aligned to an ACCESS Participant meets the accepted reasons for unalignment, then the participant may unalign the patient from a specific clinical track using the Unalignment API.

The ACCESS Unalignment API allows ACCESS Participants to unalign a patient from a specific clinical track.

How to Use the Unalignment API

The ACCESS Unalignment API uses an asynchronous pattern for processing unalignment requests for patients in ACCESS. The pattern uses two operations to support a submit-and-poll workflow:

- **$unalign:** Submits an unalignment request
- **$submission-status:** Polls for the status of a submitted request and returns a response when complete

Unalignment Result Codes

When processing is complete, the result returns a value from the **ACCESSUnalignmentResultVS** value set:

- **unaligned:** The request to voluntarily unalign the patient has been accepted, and the patient has been unaligned
- **unalignment-pending:** Additional review is needed to complete the unalignment request
- **patient-not-aligned:** Patient is not currently aligned to this participant in the specified track

Unalignment Reason Codes

The reason parameter in the $unalign operation uses codes from the ACCESSUnalignmentReasonVS value set. There are four reasons that are accepted for unaligning a patient from an ACCESS Participant.

geographic-relocated

Patient has relocated outside of the geographic area in which the aligned ACCESS Participant is licensed to provide services

loss-of-contact

Despite good faith efforts (defined as making 3+ outreach attempts over 30+ days), contact with the patient has been lost and the participant is no longer able to engage with them

patient-initiated

Patient no longer wants to participate in the ACCESS Model after the initial 90-day lock-in period

no-longer-clinically-eligible

Patient's conditions have changed such that they are no longer eligible for their aligned clinical track

Note: Participants must provide the relevant ICD-10 diagnosis code and a narrative description of why the patient is clinically ineligible.[1]

[1]Patients who are no longer enrolled in Medicare will be automatically unenrolled by the ACCESS Model.

Automatic Notification Subscriptions

When an alignment is successful, the system automatically creates FHIR subscriptions to send notifications about important upcoming events and deadlines, allowing ACCESS Participants to stay informed about critical dates and deadlines.

Automatic Notification Subscriptions are created for:

Unalignment: Notification when a patient has been unaligned from the participant and/or track.

Future Notification Subscriptions may include:

Data Reporting Due: Notifications before the deadlines for baseline, quarterly, or end-of-year data submission are due.

Alignment Renewal Due: Notifications when alignment renewal is approaching.

Provider Lock-In Period Ending: Notifications before the 3-month lock-in period ends.

Notifications will be delivered to the email address provided by the participant during API onboarding.

Automatic Subscription Cleanup

When a patient is unaligned, the system sends notifications to inform the ACCESS Participant of the unalignment and any FHIR subscriptions created during the original alignment process are cancelled. This ensures proper communication and data hygiene.

Unalignment Notification and Subscription Clean Up Process

1

Unalignment Notifications Sent

The system sends FHIR notification messages to the ACCESS Participant informing them that the alignment relationship has ended.

2

Subscriptions Automatically Cancelled

After notifications are sent, any other subscriptions created during the original alignment are automatically cancelled.

Important Notes on Subscription Cleanup

- **Automatic Process:** Both the unalignment notification delivery and subscription cleanup happen automatically as part of the unalignment workflow. No additional action is required by the ACCESS Participant.
- **Notification Before Cancellation:** Unalignment notifications are sent to the ACCESS Participant before subscriptions are cancelled, ensuring all parties are informed of the alignment termination.
- **Prevents Future Notifications:** Cancelling subscriptions ensures that ACCESS Participants do not receive future notifications for patients who are no longer aligned.
- **Data Hygiene:** Automatic cleanup maintains system integrity and reduces unnecessary notification traffic.
- **Pending Unalignments:** If the unalignment result is '**unalignment-pending**' (requiring manual review), any other subscriptions remain active and no unalignment notifications are sent until the unalignment is finalized with an unaligned result.

Data Reporting API (DRAFT) and Data Submission

Data Reporting API (DRAFT)

The Data Reporting API allows ACCESS Participants to submit necessary patient data. Each of the four model tracks have specific data requirements.

The ACCESS Data Reporting API allows participants to submit baseline OAP Measure data to CMS at the start of their care relationship with the patient for the ACCESS Model, at the end of each 12-month period of care, and at regular intervals throughout the period.

How to Use the Data Reporting API

The ACCESS Data Reporting API uses an asynchronous pattern for submitting OAP Measure data for patients enrolled in the ACCESS Model. The pattern uses two operations to support a submit-and-poll workflow:

- **$report-data:** Submits a data reporting bundle for an aligned patient
- **$submission-status:** Polls for the status of a submitted data report and returns a response when complete

Data Reporting Input Parameters

- **participantID:** The ACCESS ID for the submitting participant
- **patient:** Patient information (outlined above)
- **track:** The ACCESS track that this patient is aligned to with the participant
- **dataBundle:** A document Bundle conforming to *ACCESSDataReportingBundle* profile containing the data reporting composition and all referenced resources

OAP Measures in Model Tracks

Payment in the ACCESS Model will be contingent on achieving track-specific outcome(s) that are defined relative to a patients' baseline. Each track has its own data submission requirements and frequencies, which we will discuss in the upcoming slides.

OAP Measures

Musculoskeletal (MSK): Minimum improvement in pain intensity, interference, overall function, and Patient Global Impression of Change (PGIC) which are assessed via validated Patient-Reported Outcome Measures (PROMs)

Behavioral Health (BH): Control or minimum improvement in symptoms (assessed via Patient Health Questionnaire-9 (PHQ-9) for depression and Generalized Anxiety Disorder-7 (GAD-7) for anxiety, and PGIC. Submission of World Health Organization Disability Assessment Schedule (WHODAS) 2.0, a validated PROM of overall function, is optional

Early cardio-kidney-metabolic (eCKM): Control or minimum improvement in systolic blood pressure (BP), lipids (LDL-C), weight (BMI), and hemoglobin A1c

Cardio-kidney-metabolic (CKM): Control or minimum improvement in systolic BP, lipids (LDL-C), weight (BMI), and hemoglobin A1c

- **For patients with CKD and Diabetes only:** Submission of estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR) data

MSK OAP Measures and Data Reporting Frequencies

The OAP Measures in the MSK tracks vary in reporting frequency. More detailed metrics can be found in the **Payment Amounts and Performance Targets Paper** on the CMS website.

Musculoskeletal Pain: Improvement in Physical Function (PF) and Pain Interference (PI)

- Baseline, quarterly, and end of period reporting of patient-reported outcomes, using Patient Reported Outcomes Measurement Information System (PROMIS) Physical Function (PF) Short Form 6b or v2.0 Computer Adaptive Test (CAT) and Pain Interference (PI) Short Form 6a or v2.0 Computer CAT for any/multi-site pain, and other site-specific PROMs

Pain Intensity

- Baseline, quarterly, and end of period reporting of Numeric Reporting Scale (NRS) or PROMIS NRS v1.0 - Pain Intensity 1a

Patient Global Impression of Change (PGIC)

- End of period reporting of PGIC

Clinical Validity Window

All MSK PROMs have a clinical validity window of **15 days.**

The clinical validity window is the maximum allowable time between the OAP Measure's collection date and submission date to CMS.

Early Success Reporting

For the MSK track, end of period measures may be submitted **up to 180 days before the 1-year mark.**

BH OAP Measures and Data Reporting Frequencies

For the BH track, ACCESS Participants should submit patient reported outcomes for depression and anxiety.

Depression Reduction or Control	Baseline, quarterly, and end of period data from the Patient Health Questionnaire-9 (PHQ-9)
Anxiety Reduction or Control	Baseline, quarterly, and end of period data from the General Anxiety Disorder-7 (GAD-7)
PGIC	End of period reporting of PGIC
Overall Function (Optional)	Baseline and end of period data from of World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) 12-item

Clinical Validity Window	Early Success Reporting
All BH PROMs have a clinical validity window of **15 days.**	For the BH track, end of period measures may be submitted **up to 180 days before the 1-year mark.**

eCKM and CKM OAP Measures and Data Reporting Frequencies

For the eCKM and CKM tracks the following measures are required at various data reporting frequencies.

eCKM and CKM Tracks				CKM Only
Blood Pressure (BP) Reduction or Control	**Weight Reduction or Control**	**Hemoglobin A1c (HbA1c) Reduction or Control**	**Low Density Lipoprotein Cholesterol (LDL-C) Reduction or Control**	**Kidney Health (eGFR and uACR)**
• Baselines, quarterly, and end of period BP (systolic and diastolic) data • Both systolic and diastolic BP must be reported	• Baseline, quarterly, and end of period weight and Body Mass Index (BMI) data	• Baseline HbA1c data for all patients • End of period HbA1c data for prediabetes patients only	• Baseline LDL-C data for all patients • End of period LDL-C data for patients with dyslipidemia • **CKM Only:** End of period LDL-C data for patients with ASCVD	• Baseline eGFR and uACR data for diabetes and chronic kidney disease patients only
Clinical Validity Windows				
• Up to 15 days	• Up to 15 days	• For patients with prediabetes or diabetes: **up to 1 year** • For all other patients: **2 years**	• For patients with dyslipidemia: **up to 1 year** • For all other patients: **up to 2 years**	• Up to 1 year

For the eCKM and CKM tracks, end of period measures may be submitted **up to 90 days before the 1-year mark to support early success reporting.**

Q&A Session

Open Q&A

Please type your question in the **Q&A box.**

If we do not get to your question, we welcome you to email the ACCESS Model Team at **ACCESSModelTeam@cms.hhs.gov**. We will aim to answer unaddressed questions via email and upcoming FAQs.

Closing and Resources

Resources

Email: ACCESSModelTeam@cms.hhs.gov

Visit: ACCESS Model Webpage; Applications for Cohort 1 must be submitted via the **Participant Portal** by April 1, 2026.

Resources: Refer to the **Implementation Guide**, **Payment Amounts and Performance Targets Paper**, and the **Request for Applications** (RFA) for more information.

Listserv: Sign up for updates via the **ACCESS Model Listserv.**

Thank You

We appreciate your time and interest!

Please share your feedback via the survey following this event.

Questions? Email **ACCESSModelTeam@cms.hhs.gov**