Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model

Care Update Template

Centers for Medicare & Medicaid Services
Center for Medicare and Medicaid Innovation
Patient Care Models Group
7500 Security Blvd
Baltimore, MD 21244

I. Overview

This ACCESS Model Care Update Template document includes the template for Care Updates, as well as sample Care Updates to use as examples.

II. Care Update Template

The Participant must use the following template form or a substantially equivalent format that includes all required elements and information contained in this CMS template. CMS may request that the Participant make the Care Update template available to CMS at any time to ensure any substantially equivalent format is consistent with the template form provided by CMS.

Exhibit 1. Care Update Template

Subject: ACCESS Care Update — [Care Initiation / Update / Care Completion / Care Escalation] — [Patient Initial and Last Name][1]

This Care Update is part of ACCESS, a Centers for Medicare & Medicaid Services (CMS) model designed to support patients with chronic conditions alongside their existing care. The patient below has enrolled in ACCESS with [Organization], a Medicare-enrolled health care provider. You are receiving this update as a clinician associated with this patient. No action is required. You may be eligible to bill a co-management payment by reviewing this update and completing at least one care coordination activity. Learn more: go.cms.gov/access

Patient: [Name] | DOB: [MM/DD/YYYY]

From: [Organization] | [Website] | [Medical Director or responsible clinician] | [Monitored Contact]

Tracks: [Early Cardio-Kidney-Metabolic (eCKM) / Cardio-Kidney-Metabolic (CKM) / Musculoskeletal (MSK) / Behavioral Health (BH)]

Qualifying Conditions: [Conditions and Diagnosis Code(s)]

Care Start: [Alignment Date] | **Update Date:** [Date of this Care Update]

[1] This template assumes use of HIPAA-compliant secure electronic method, consistent with requirements in the Participation Agreement. Confirm your platform's handling of subject line data before including patient identifiers.

Clinical Measures

All track OAP Measures: Measure: Baseline Value | Most Recent Value | Target Value

Other relevant clinical data: [Any additional clinical information the Participant wishes to communicate to the coordinating clinician]

Assessment [Clinical interpretation of the patient's current status and progress toward goals]

Plan [Description of how the Participant is treating the Beneficiary to achieve the noted goals, *including relevant medications the Participant is prescribing, managing, or monitoring in connection with the applicable clinical track*]

Actions *(optional)* [Description of any action recommended by the coordinating clinician]

Questions? [Secure contact]

Exhibit 2. Sample Care Updates

The following samples illustrate how the Care Update template may be completed for a patient in the Early Cardio-Kidney-Metabolic (eCKM) track and a patient enrolled in both the Behavioral Health (BH) and Musculoskeletal (MSK) tracks. All information is fictional and for illustrative purposes only.

Sample 1a: Care Initiation (eCKM)

Subject: ACCESS Care Update — Care Initiation — J. Doe

This Care Update is part of ACCESS, a Centers for Medicare & Medicaid Services (CMS) model designed to support patients with chronic conditions alongside their existing care. The patient below has enrolled in ACCESS with CKMCo, a Medicare-enrolled health care provider. You are receiving this update as a clinician associated with this patient. No action is required. You may be eligible to bill a co-management payment by reviewing this update and completing at least one care coordination activity. Learn more: go.cms.gov/access

Patient: Jane Doe | DOB: 03/14/1957

From: CKMCo | ckmco.com | Dr. Richard Roe, MD | ckmco@direct.ckmco.com

Tracks: Early Cardio-Kidney-Metabolic (eCKM)

Qualifying Conditions: Prediabetes (R73.09), Dyslipidemia (E78.5)

Care Start: 02/03/2026 | **Update Date:** 02/10/2026

Clinical Measures

BP: Baseline 118/74 mmHg | Most Recent 118/74 mmHg | Target SBP <130 mmHg

Weight: Baseline 172 lbs | Most Recent 172 lbs | Target No >5% weight gain from baseline
BMI: Baseline 32 kg/m^2 | Most Recent 32 kg/m^2| Target <30 kg/m^2
HbA1c: Baseline 6.2% | Most Recent 6.2% | Target <6.5%
LDL-C: Baseline 128 mg/dL | Most Recent 128 mg/dL | Target <100 mg/dL

Assessment Ms. Doe is a 68-year-old woman with prediabetes and dyslipidemia enrolled in the eCKM track following referral from her primary care physician. She reports a sedentary lifestyle and a diet high in processed foods but is motivated to make changes. LDL-C and BMI are elevated above target. HbA1c is consistent with prediabetes and at risk of progression without intervention. BP and weight are within acceptable ranges at initiation.

Plan

HbA1c: No medication indicated at this time. Care plan focuses on lifestyle intervention to prevent progression to Type 2 diabetes. Ms. Doe is engaged in nutrition and behavioral coaching through CKMCo, with emphasis on reducing refined carbohydrates, increasing fiber intake, and building sustainable habits. HbA1c to be monitored throughout the care period.

LDL-C: Rosuvastatin 10mg daily initiated. LDL-C target <100 mg/dL. Labs monitored by CKMCo care team; results will be shared with referring clinician upon receipt.

BMI and Weight: Exercise and nutrition guidance integrated into care plan. Care coordinator screened patient for social needs; no barriers identified at initiation.

BP: BP normal at baseline. Monitored via connected device throughout the care period; referring clinician notified of any significant changes.

Actions No action needed at this time.

Questions? ckmco@direct.ckmco.com

Sample 1b: Care Completion (eCKM)

Subject: ACCESS Care Update — Care Completion — J. Doe

This Care Update is part of ACCESS, a Centers for Medicare & Medicaid Services (CMS) model designed to support patients with chronic conditions alongside their existing care. The patient below has enrolled in ACCESS with CKMCo, a Medicare-enrolled health care provider. You are receiving this update as a clinician associated with this patient. No action is needed. You may be eligible to bill a co-management payment by reviewing this update and completing at least one care coordination activity. Learn more: go.cms.gov/access

Patient: Jane Doe | DOB: 03/14/1957

From: CKMCo | ckmco.com | Dr. Richard Roe, MD | ckmco@direct.ckmco.com

Tracks: Early Cardio-Kidney-Metabolic (eCKM)

Qualifying Conditions: Prediabetes (R73.09), Dyslipidemia (E78.5)

Care Start: 02/03/2026 | **Update Date:** 01/31/2027

Clinical Measures

BP: Baseline 118/74 mmHg | Final 116/72 mmHg | Target SBP <130 mmHg
Weight: Baseline 172 lbs | Final 160 lbs | Target No >5% weight gain from baseline
BMI: Baseline 32 kg/m^2 | Final 29 kg/m^2 | Target < 30 kg/m^2
HbA1c: Baseline 6.2% | Final 5.9% | Target <6.5%
LDL-C: Baseline 128 mg/dL | Final 94 mg/dL | Target <100 mg/dL

Assessment Ms. Doe completed her initial eCKM care period with favorable outcomes across all measures. LDL-C achieved target with Rosuvastatin 10mg daily. BMI achieved target with diet and exercise guidance. HbA1c improved from 6.2% to 5.9%, suggesting reduced risk of progression to Type 2 diabetes. Weight decreased modestly by 12 lbs with no gain from baseline. BP remained stable and within normal range throughout.

Plan

HbA1c: Sustained through nutrition and behavioral coaching via the ACCESS model. No pharmacologic intervention was initiated. Continued monitoring recommended.

LDL-C: Target achieved with Rosuvastatin 10mg daily; no dose adjustment required. Labs monitored by CKMCo care team throughout the period, with results shared with the referring clinician.

BMI and Weight: Maintained weight and reduced BMI through ongoing nutrition and exercise guidance. No gain from baseline.

BP: No intervention indicated. Monitoring continued via connected device throughout the care period.

Ms. Doe reports feeling well and more confident in managing her health. She has elected to continue into a follow-on period with CKMCo.

Actions No action needed at this time. Ms. Doe is continuing with CKMCo.

Questions? ckmco@direct.ckmco.com

Sample 2a: Care Initiation (BH and MSK)

Subject: ACCESS Care Update — Care Initiation — J. Doe

This Care Update is part of ACCESS, a Centers for Medicare & Medicaid Services (CMS) model designed to support patients with chronic conditions alongside their existing care. The patient below has enrolled in ACCESS with PainCo, a Medicare-enrolled health care provider. You are receiving this update as a clinician associated with this patient. No action is required. You may be eligible to bill a co-management payment by reviewing this update and completing at least one care coordination activity. Learn more: go.cms.gov/access

Patient: John Doe | DOB: 08/22/1954

From: PainCo | painco.com | Dr. Richard Roe, MD | painco@direct.painco.com

Tracks: Behavioral Health (BH) and Musculoskeletal (MSK)

Qualifying Conditions: Major Depressive Disorder (F33.1), Chronic Low Back Pain (M54.51)

Care Start: 02/03/2026 | **Update Date:** 02/11/2026

Clinical Measures

Behavioral Health (BH)
PHQ-9: Baseline 14 | Most Recent 14 | Target 5 point reduction or final PHQ-9 <10
GAD-7: Baseline 11 | Most Recent 11 | Target 4 point reduction or final GAD-7 <10
PGIC: N/A — end of period only
Musculoskeletal (MSK)
PROMIS PI: Baseline 62 | Most Recent 62 | Target 2 point reduction
PROMIS PF: Baseline 38 (T-score) | Most Recent 38 | Target 2 point increase
NRS (Pain Intensity): Baseline 6/10 | Most Recent 6/10 | Target No >2 point increase
PGIC: N/A — end of period only

Assessment Mr. Doe is a 71-year-old man with moderate depression and chronic low back pain enrolled in both the BH and MSK tracks following referral from his primary care physician. PHQ-9 of 14 and GAD-7 of 11 are consistent with moderate depression and anxiety. PROMIS PI, PROMIS PF, and NRS scores reflect meaningful functional limitation and pain burden at baseline. Mr. Doe reports that persistent low back pain is a primary driver of his low mood and social withdrawal, and the two conditions are being managed as clinically interrelated.

Plan

Depression and anxiety: No medication initiated at this time. Mr. Doe is engaged in structured behavioral health coaching and cognitive behavioral therapy (CBT) techniques delivered through the PainCo platform, focused on pain-related catastrophizing, sleep hygiene, and activity engagement. A licensed behavioral health clinician reviews progress and adjusts the care plan based on ongoing PROM data.

Chronic low back pain: Mr. Doe is enrolled in PainCo's digital physical therapy program, which includes guided exercise therapy, movement coaching, and pain neuroscience education delivered via the PainCo platform with asynchronous physical therapist review.

Pain intensity and functional status are monitored continuously via patient-reported outcomes.

Integrated approach: Behavioral and physical interventions are coordinated given the bidirectional relationship between Mr. Doe's pain and mood. Progress across both tracks is reviewed jointly by the PainCo care team. Care coordinator screened patient for social needs; no barriers identified at initiation.

Medications: No pharmacologic intervention indicated at this time. To be reassessed based on response to behavioral and physical therapy interventions.

Actions No action needed at this time.

Questions? painco@direct.painco.com

Sample 2b: Care Escalation (MSK)

Subject: ACCESS Care Update — Care Escalation — J. Doe

This Care Update is part of ACCESS, a Centers for Medicare & Medicaid Services (CMS) model designed to support patients with chronic conditions alongside their existing care. The patient below has enrolled in ACCESS with PainCo, a Medicare-enrolled health care provider. You are receiving this update as a clinician associated with this patient. No action is required. You may be eligible to bill a co-management payment by reviewing this update and completing at least one care coordination activity. Learn more: go.cms.gov/access

Patient: John Doe | DOB: 08/22/1954

From: PainCo | painco.com | Dr. Richard Roe, MD | painco@direct.painco.com

Tracks: Behavioral Health (BH) and Musculoskeletal (MSK)

Qualifying Conditions: Major Depressive Disorder (F33.1), Chronic Low Back Pain (M54.51)

Care Start: 02/03/2026 | **Update Date:** 05/14/2026

Clinical Measures

Behavioral Health (BH)
PHQ-9: Baseline 14 | Most Recent 13 | Target 5 point reduction from baseline
GAD-7: Baseline 11 | Most Recent 10 | Target 4 point reduction from baseline
PGIC: N/A — end of period only
Musculoskeletal (MSK)
PROMIS PI: Baseline 62 | Most Recent 67 | Target 2 point reduction
PROMIS PF: Baseline 38 (T-score) | Most Recent 35 | Target 2 point increase
NRS (Pain Intensity): Baseline 6/10 | Most Recent 8/10 | Target No >2 point increase

PGIC: N/A — end of period only

Assessment Mr. Doe has experienced a meaningful worsening in MSK outcomes since his last update. PROMIS PI increased by 5 points, PROMIS PF declined by 3 T-score points, and NRS pain intensity increased from 6 to 8 — exceeding the 2-point threshold. Mr. Doe reported an acute worsening of low back pain following a fall at home and was promptly evaluated at urgent care, where plain films were obtained and returned no significant findings. No further clinical recommendations were made at that visit. He has been largely unable to complete his digital physical therapy sessions since the fall. Behavioral health measures show modest improvement and continue to trend in the right direction, though the MSK deterioration is beginning to affect mood. PainCo's care team has determined that in-person evaluation is warranted given the acute change in functional status and the limitations of remote management at this stage.

Plan

Chronic low back pain: Digital physical therapy sessions paused pending in-person evaluation. Mr. Doe has been referred to [PT Practice Name] for an in-person physical therapy evaluation and assessment of his acute functional decline. PainCo's care team is coordinating directly with the in-person PT to share relevant clinical history and PROM data. The digital program will be resumed or modified based on findings from the in-person evaluation.

Depression and anxiety: Behavioral health coaching continuing via the PainCo platform. Care team is monitoring closely given the relationship between MSK deterioration and mood. No change to current approach at this time.

Medications: No pharmacologic intervention initiated. Referring clinician advised of acute change in status — see Actions below.

Actions No action needed at this time. Mr. Doe has experienced an acute worsening of low back pain following a fall approximately three weeks ago. PainCo has referred him to an in-person physical therapist for evaluation. Please consider whether any additional workup, imaging, or pharmacologic intervention is indicated on your end.

Questions? painco@direct.painco.com

Sample 2c: Care Completion (BH and MSK)

Subject: ACCESS Care Update — Care Completion — J. Doe

This Care Update is part of ACCESS, a Centers for Medicare & Medicaid Services (CMS) model designed to support patients with chronic conditions alongside their existing care. The patient below has enrolled in ACCESS with PainCo, a Medicare-enrolled health care provider. You are receiving this update as a clinician associated with this patient. No action

is required. You may be eligible to bill a co-management payment by reviewing this update and completing at least one care coordination activity. Learn more: go.cms.gov/access

Patient: John Doe | DOB: 08/22/1954

From: PainCo | painco.com | Dr. Richard Roe, MD | painco@direct.painco.com

Tracks: Behavioral Health (BH) and Musculoskeletal (MSK)

Qualifying Conditions: Major Depressive Disorder (F33.1), Chronic Low Back Pain (M54.51)

Care Start: 02/03/2026 | **Update Date:** 01/31/2027

Clinical Measures

Behavioral Health (BH)
PHQ-9: Baseline 14 | Final 7 | Target 5 point reduction from baseline
GAD-7: Baseline 11 | Final 6 | Target 4 point reduction from baseline
PGIC: (1) Very Much Improved
Musculoskeletal (MSK)
PROMIS PI: Baseline 62 | Final 58 | Target 2 point reduction
PROMIS PF: Baseline 38 (T-score) | Final 41 | Target 2 point increase
NRS (Pain Intensity): Baseline 6/10 | Final 4/10 | Target No >2 point increase
PGIC: (2) Much Improved

Assessment Mr. Doe completed his BH and MSK care period with meaningful improvement across both tracks, including recovery from the acute MSK deterioration documented in the prior Care Escalation update. Following his in-person physical therapy evaluation, Mr. Doe returned to the PainCo digital program with a modified exercise plan and made steady progress through the remainder of the care period. PHQ-9 improved from 14 to 7 and GAD-7 from 11 to 6, both achieving target. PROMIS PI decreased by 4 points and PROMIS PF increased by 3 T-score points, both exceeding minimum improvement targets. Pain intensity decreased from 6 to 4 on the NRS. Improvements in physical function and mood were mutually reinforcing throughout, consistent with the bidirectional relationship between his conditions. Mr. Doe rates his overall change as "Much Improved" on the PGIC.

Plan

Chronic low back pain: Following the in-person PT evaluation, Mr. Doe's digital physical therapy program was modified to account for his acute presentation. He resumed and completed the program, reporting improved confidence in managing his pain and increased daily activity. The MSK care period is now complete; no follow-on MSK period is planned at this time.

Depression and anxiety: Sustained through consistent engagement with behavioral health coaching and CBT-based sessions via the PainCo platform. Mr. Doe reported improvements in sleep, mood, and social engagement, with mood continuing to improve following MSK recovery. No pharmacologic intervention was required. Mr. Doe has elected to continue into a follow-on BH care period with PainCo.

Medications: No pharmacologic intervention was initiated during the care period.

Actions No action needed at this time. Mr. Doe is continuing into a follow-on BH care period. The MSK care period is now complete.

Questions? painco@direct.painco.com