From: Centers for Medicare & Medicaid Services <cmslists@subscriptions.cms.hhs.gov>
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Subject: Centers for Medicare & Medicaid Services (CMS) Daily Digest Bulletin

October 21, 2025 Memo Release: REVISED: Contingency Plans – State Survey & Certification Activities in the Event of Federal Government Shutdown

10/21/2025

REVISED: Contingency Plans – State Survey & Certification Activities in the Event of Federal Government Shutdown

Greetings,

There has been an update to the Policy & Memos to States and CMS Locations page. Please distribute to staff as appropriate.

Memo Number	Memo Name	Contact or Reference	Memo Posting
QSO-26-01-ALL REVISED	REVISED: Contingency Plans – State Survey & Certification Activities in the Event of Federal Government Shutdown	Questions regarding this communication should be sent to Karen Tritz, David Wright, Karen Hillman, and Melissa Daly at Karen.Tritz@cms.hhs.gov, David.Wright@cms.hhs.gov, Karen.Hillman@cms.hhs.gov, and Melissa.Daly@cms.hhs.gov, respectively	https://www.cms.gov safety-standards/qua oversight-general-infc memos/policy-memc

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos-states-and-cms-locations

- Admin Info memos are posted on the S&C website: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/administrative-information-memos-states-and-regions

- Quality and Safety Special Alerts memos are posted on the S&C website: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/quality-and-safety-special-alerts

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

Understand surveyor evaluation criteria

- Recognize deficiencies.
- Incorporate solutions into your facility's standards of care

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus.

Special Edition: Claims Hold Update

10/21/2025

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Claims Hold Update

CMS instructed all Medicare Administrative Contractors (MACs) to lift the claims hold and process claims with dates of service of October 1, 2025, and later for certain services impacted by select expired Medicare legislative payment provisions passed under the Full-Year Continuing Appropriations and Extensions Act, 2025 (Pub. L. 119-4, Mar. 15, 2025). This includes claims paid under the Medicare Physician Fee Schedule, ground ambulance transport claims, and Federally Qualified Health Center (FQHC) claims. This includes telehealth claims that CMS can confirm are definitively for behavioral and mental health services. CMS has directed all MACs to continue to temporarily hold claims for other telehealth services (i.e. those that CMS cannot confirm are definitively for behavioral and mental health services) and for acute Hospital Care at Home claims.

Beginning October 1, 2025, for services that are not behavioral health services, many of the statutory limitations on payment for Medicare telehealth services that were, in response to the COVID-19 Public Health Emergency, lifted, and subsequently extended, through legislation again took effect. 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. In the absence of Congressional action, practitioners who choose to perform telehealth services that are not payable by Medicare on or after October 1, 2025, may want to evaluate providing beneficiaries with an Advance Beneficiary Notice of Noncoverage (ABN). Further information on use of the ABN, including ABN forms and form instructions: https://www.cms.gov/medicare/forms-notices/beneficiary-notices-initiative/ffs-abn. Practitioners should monitor

Congressional action and may choose to hold claims associated with telehealth services that are currently not payable by Medicare in the absence of Congressional action. For further information: https://www.cms.gov/medicare/coverage/telehealth.

CMS notes that the Bipartisan Budget Act of 2018 (Pub. L. 115-123, Feb. 9, 2018), which added section 1899(l) to the Social Security Act, allows clinicians in applicable Medicare Shared Savings Program Accountable Care Organizations (ACOs) to provide and receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restrictions and in the beneficiary's home. Separate from requirements to participate in the Medicare Shared Savings Program, there is no special application or approval process for applicable ACOs or their ACO participants or ACO providers/suppliers to offer these covered telehealth services. Clinicians in applicable ACOs can furnish and receive payment for covered telehealth services under these special telehealth flexibilities. For clinicians in applicable ACOs, telehealth claims that CMS can confirm are definitively for behavioral and mental health services will be paid. At this time, claims for some telehealth services will continue to be held. For more information, including information on to which ACOs these flexibilities apply: https://www.cms.gov/files/document/shared-savings-program-telehealth-fact-sheet.pdf.