



Application Reference Manual

April 2026 | Version 8



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REVISION HISTORY

Revised Section/Description of Revision	Link to Section Affected
Beneficiary Assignment Estimate – General Information and Methodology	Updated relevant information throughout the manual.
Participation Options – General Information and Track Options	Updated relevant information throughout the manual.
Updated shared savings criteria qualifications	Section 3.3.5
Added example of ACO participant change request(s) impact beneficiary estimates	Section 3.3.6.3
Updated ACO contact user type permissions for application withdrawals	Section 5.1.4
Removed Appendix G	

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1 Overview

1.1 INTRODUCTION

The Medicare Shared Savings Program (Shared Savings Program) promotes accountability for a patient population, improves the coordination of items and services for Medicare fee-for-service (FFS) beneficiaries, and encourages investment in high-quality and efficient services.

The Shared Savings Program offers providers and suppliers an opportunity to create or join an Accountable Care Organization (ACO). ACOs are groups of doctors, hospitals, and other health care professionals that work together to give patients high-quality, coordinated service and health care, improve health outcomes, and manage costs. ACOs agree to be held accountable for the quality, cost, and experience of care of an assigned Medicare FFS beneficiary population.

Under the Shared Savings Program, providers and suppliers that participate in an ACO continue to receive traditional Medicare FFS payments under Parts A and B. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, the ACO may be eligible to share in the savings it achieves for the Medicare program, or in some instances may owe losses if it increases cost. The Shared Savings Program has different participation options (tracks) that allow ACOs to select an arrangement that makes the most sense for their organization.

The Centers for Medicare & Medicaid Services (CMS) accepts applications for ACOs to participate in the Shared Savings Program annually. Within the application, eligible ACOs will have the opportunity to indicate interest and, if found eligible, receive advance investment payments or prepaid shared savings. An ACO may also separately apply to use the Skilled Nursing Facility (SNF) 3-Day Rule Waiver or to establish and operate a Beneficiary Incentive Program (BIP). CMS issues feedback throughout the cycle through Requests for Information (RFI) submission periods. RFIs give ACOs the opportunity to correct deficiencies and/or make updates or modifications to the ACO application or related change request(s).

1.2 HOW TO USE THIS RESOURCE

This *Application Reference Manual* provides guidance to help ACOs complete the Shared Savings Program Application. Annually, ACOs can apply to begin a new agreement period or make changes to their current program participation via the Application and Change Request Cycle. For more detailed information, review the additional resources and guidance available in the [Application Toolkit](#). In addition to this manual, please refer to the Shared Savings Program's regulations, which can be accessed through the [Program Statutes & Regulations webpage](#) of the Shared Savings Program website.

ACOs making changes to their program participation within their current agreement period should not use this document and instead refer to the [Managing Program Participation Guidance](#) and [Key Change Request Actions and Deadlines](#).

This document is designed to allow users to identify important action items and expectations, including which materials to submit for each submission deadline. A list of key terminology can

be found in [Appendix D](#). The following symbols highlight important information throughout this document about resources, tips, and checklists.

Published Resource Available



This icon appears throughout the manual when an existing published resource is available for further guidance.

Tips for Success



This callout references best practices and helpful reminders.

IMPORTANT!



This callout refers to important information for ACOs to note.

Checklist



This callout identifies when a checklist is available. ACOs may find it helpful to print these and check steps off as they complete the application.

2 Understanding the Shared Savings Program

2.1 ACO COHORTS

It is important for ACOs to know which cohort they fall into, because each cohort may have slightly different application requirements and options available to them during the annual application and change request cycle.

CURRENTLY PARTICIPATING ACO

An ACO currently participating in the Shared Savings Program that is not submitting a renewal application for the upcoming performance year. ACOs making changes to their program participation within their current agreement period should refer to the [Managing Program Participation Guidance](#) and [Key Change Request Cycle Actions and Deadlines](#).

INITIAL APPLICANT ACO

An ACO that is applying to participate in the Shared Savings Program and is not considered to have previously participated in the Shared Savings Program. Initial applicants complete an initial application.

RE-ENTERING APPLICANT ACO

An ACO that either:

- Previously participated in the Shared Savings Program and is applying to participate in the Shared Savings Program after a break in participation; or
- Is determined by CMS to be re-entering because greater than 50 percent of their ACO participants have prior participation in the same Shared Savings Program ACO in any of the five most recent past performance years.

Re-entering applicants complete an initial application.

RENEWAL APPLICANT ACO

An ACO currently participating in the Shared Savings Program that is in the final performance year of its most recent Participation Agreement and is applying to renew its participation for a new agreement period starting on January 1st of the upcoming calendar year without a break in participation. Renewal applicants complete a renewal application.

EARLY RENEWAL APPLICANT ACO

An ACO currently participating in the Shared Savings Program that elects to voluntarily terminate its Participation Agreement with an effective date of termination of December 31st of the current performance year and is applying to participate in a new agreement period starting on January 1st of the upcoming calendar year without a break in participation. Early renewal applicants complete a renewal application.

2.2 OPTIONAL SUBMISSIONS

BIP

Opportunity for an eligible ACO to apply to establish and operate a BIP. Available for ACOs applying to, or currently participating in, the Shared Savings Program under Levels C, D, or E of the BASIC track, or the ENHANCED track.

SNF 3-DAY RULE WAIVER

Opportunity for an eligible ACO to apply for approval of a SNF 3-Day Rule Waiver. Available for ACOs applying to, or currently participating in, the Shared Savings Program under Levels C, D, or E of the BASIC track, or the ENHANCED track.

ADVANCE INVESTMENT PAYMENTS (AIP)

Opportunity for an eligible ACO to indicate interest and submit supplemental information to participate in AIP. Available for eligible initial applicant ACOs applying to the Shared Savings Program in Level A of the BASIC track.

PREPAID SHARED SAVINGS (PSS)

Opportunity for an eligible ACO to indicate interest and submit supplemental information to participate in PSS. Available for eligible renewal ACOs applying to the Shared Savings Program under Levels C, D, or E of the BASIC track, or the ENHANCED track.

2.3 PARTICIPATION OPTIONS AND SHARED SAVINGS PROGRAM TRACKS

Applicants apply to participate in the Shared Savings Program in either the BASIC track or the ENHANCED track. The BASIC track includes a glide path, for eligible ACOs, which begins under a one-sided model and incrementally phases in increasing levels of performance-based risk over the course of the ACO's participation in the Shared Savings Program.

The eligibility criteria for the BASIC track and the ENHANCED track recognize differences in the experience of the ACO and its ACO participants with performance-based risk Medicare ACO initiatives. CMS determines an ACO's participation options based on whether applicants are experienced or inexperienced with performance-based risk Medicare ACO initiatives.

2.4 MINIMUM ASSIGNED BENEFICIARIES

Prior to the start of each agreement period, ACOs will select which methodology CMS uses to determine the population of beneficiaries for which an ACO is accountable: Prospective assignment methodology or preliminary prospective assignment with retrospective reconciliation methodology.

ACOs must have at least 5,000 assigned beneficiaries in Benchmark Year 3 (BY3), the most recent year prior to the start of the agreement period, to be eligible to participate in the Shared Savings Program. ACOs with fewer than 5,000 assigned beneficiaries in either BY1 or BY2 may only participate in the BASIC track. Throughout the application cycle, CMS provides ACOs with assigned beneficiary estimates for the benchmark years and the upcoming performance year via the ACO Management System ([ACO-MS](#)). This information will be provided for each ACO participant as the ACO adds proposed ACO participants to the ACO Participant List. All assignment information should be considered an estimate that is subject to change.

IMPORTANT!



ACOs with fewer than 5,000 beneficiaries in BY3 at the end of Phase 1 will not proceed to Phase 2 of the application.

2.5 COMMON ACO STRUCTURE

Whether the ACO is composed of one or multiple ACO participants as identified by a taxpayer identification number (TIN) has important implications for the ACO's structure and program requirements. A few of these implications are described below.

TRADITIONAL ACO

- One or multiple ACO participants join to form the ACO.
- The ACO participant's TIN is different than the ACO's TIN.
- The ACO is a separate legal entity from the ACO participant(s).

SINGLE TIN ACO

- The ACO comprises one ACO participant.
- The ACO and the ACO participant are the same legal entity and TIN.
- Under this structure, you will need to contact the Shared Savings Program if you want to modify the ACO Participant List in the future.

3 Phase 1 of the Shared Savings Program Application

Phase 1 of the Shared Savings Program Application requires the ACO to make selections and submissions to determine their eligibility to participate in the Shared Savings Program and has multiple components: ACO information, program participation, ACO Participant List, SNF 3-Day Rule Waiver (optional), repayment mechanism (only if required), banking information, and certifications. The following sections provide instructions on how an ACO may complete each component. All application activities are completed in [ACO-MS](#). CMS does not accept paper applications.

3.1 COMPLETE ACO-MS REGISTRATION

All ACOs must complete ACO-MS registration before beginning the application process. If the ACO does not register and submit the application before the deadline, it cannot apply to the Shared Savings Program for the upcoming performance year.

Tips for Success



ACO-MS users who have a previous CMS IDM account will need to revert to their previous user ID if it is still active.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
- ACO-MS registration is how the ACO gains access to ACO-MS. - ACOs must submit ACO legal entity information along with ACO Contact information. - ACOs will receive an ACO ID when registration is completed. - ACO contacts must create individual user accounts. - For additional information, refer to the ACO-MS Registration & User Access tip sheet.	- Currently participating ACOs with an agreement period end date of the current calendar year can register as a renewal application in ACO-MS. - Other currently participating ACOs can also register as a renewal application before the end of their current agreement. Registering as an early renewal applicant will end the current agreement period at the end of the current performance year and start a new agreement period with the next performance year. - For additional information, refer to the ACO-MS Registration & User Access tip sheet.

Tips for Success



Set periodic reminders to regularly review the ACO's contacts. The ACO's contacts will receive information and required actions throughout the application process, so it is important that the contact information is up to date.

Published Resource Available



Review the resource below for step-by-step information on creating an ACO-MS account and registering as an initial or renewal applicant.

- [ACO-MS Registration & User Access](#) tip sheet

3.2 ACO INFORMATION

After [ACO-MS](#) registration has been completed, the application task will immediately be available for the ACO to begin. In the first section of the application, ACOs review ACO legal entity information. This information should match the information on the ACO's entity formation documentation (e.g., Certificate of Incorporation) and any additional documentation submitted with the application.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
- The information in this section of ACO-MS has been pre-populated from the information entered by the ACO during registration. - Information in this section will not be editable after initial submission of the application.	- The information in this section has been pre-populated from the ACO information in ACO-MS. It is not editable as part of the application. - ACOs are encouraged to complete any legal entity changes and receive approval from CMS before submitting a renewal application.

3.3 PROGRAM PARTICIPATION

An ACO's participation options refer to the required selections that an ACO must make when initially applying to join or to renew its participation in the Shared Savings Program. Additionally, ACOs will need to submit information to determine this eligibility and support their completion of program requirements.

3.3.1 Track Selection

A primary determining factor for how an ACO participates in the program is the ACO's track selection. ACOs participate in the Shared Savings Program in either the BASIC track or the ENHANCED track. The BASIC track includes a glide path that begins under a one-sided model in Level A or B (an ACO may earn shared savings but is not liable for any shared losses) and incrementally phases in increasing levels of performance-based risk in Levels C, D, and E (an ACO may earn shared savings and is also liable for any shared losses) over the course of the ACO's participation. The ENHANCED track is also a two-sided model under which an ACO may earn shared savings but is also liable for any shared losses.

All ACOs can elect to participate in the ENHANCED track or in Level E of the BASIC track. However, eligibility for the other levels of the BASIC track is determined by CMS based on ACOs' prior experience with performance-based risk. ACOs inexperienced with performance-based risk Medicare ACO initiatives may elect a one-sided risk model (Levels A or B of the BASIC Track) during their first agreement period under the BASIC track. After that agreement period, all ACOs must participate in either Level E of the BASIC track or the ENHANCED track.

Applicant ACOs are required to make a track selection when submitting the application. However, after reviewing the ACO Participant List submitted by the ACO, CMS may determine that the ACO is not eligible for the BASIC Level selected, in which case the ACO will need to adjust its BASIC Level selection in order for its application to be approved. CMS determines an applicant ACO's track eligibility based on the ACO's current or prior participation history (if any) and whether the ACO is a re-entering ACO and experienced or inexperienced with risk.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
- The ACO will have the option to select any level of the BASIC track or the ENHANCED Track when first submitting the application. - ACOs can change their track selection as part of their application until the deadline in accordance with their eligibility. - CMS may require an ACO to change its track selection if the ACO is ineligible for the original track selected based on prior experience.	- ACOs can select either Level E of the BASIC track or the ENHANCED track. - ACOs can change their track selection as part of their application until the deadline in accordance with their eligibility.

3.3.2 Track Eligibility

Only ACOs that are inexperienced with performance-based risk are eligible to participate in Levels A or B of the BASIC track. An ACO inexperienced with performance-based risk Medicare ACO initiatives is an ACO that CMS determines meets all of the following requirements:

- The ACO is a legal entity that has not participated in any performance-based risk Medicare ACO initiative.
- Less than 40 percent of the ACO's ACO participants participated in a performance-based risk Medicare ACO initiative.

An ACO that is inexperienced with performance-based risk Medicare ACO initiatives may participate under the BASIC track's glide path for a maximum of one agreement period ([42 CFR § 425.600\(h\)\(1\)\(i\)](#)). An ACO that enters an agreement under the BASIC track is deemed to have completed one agreement under the BASIC track's glide path, even if the ACO does not complete the agreement period ([42 CFR § 425.600\(h\)\(1\)\(ii\)](#)). Examples of an ACO starting, but not completing, an agreement on the glide path include (but are not limited to):

- An ACO that participates in Level A or in Levels A and B before electing to submit an early renewal application; and
- A re-entering ACO for which the prior ACO previously participated under Level A and/or Level B.

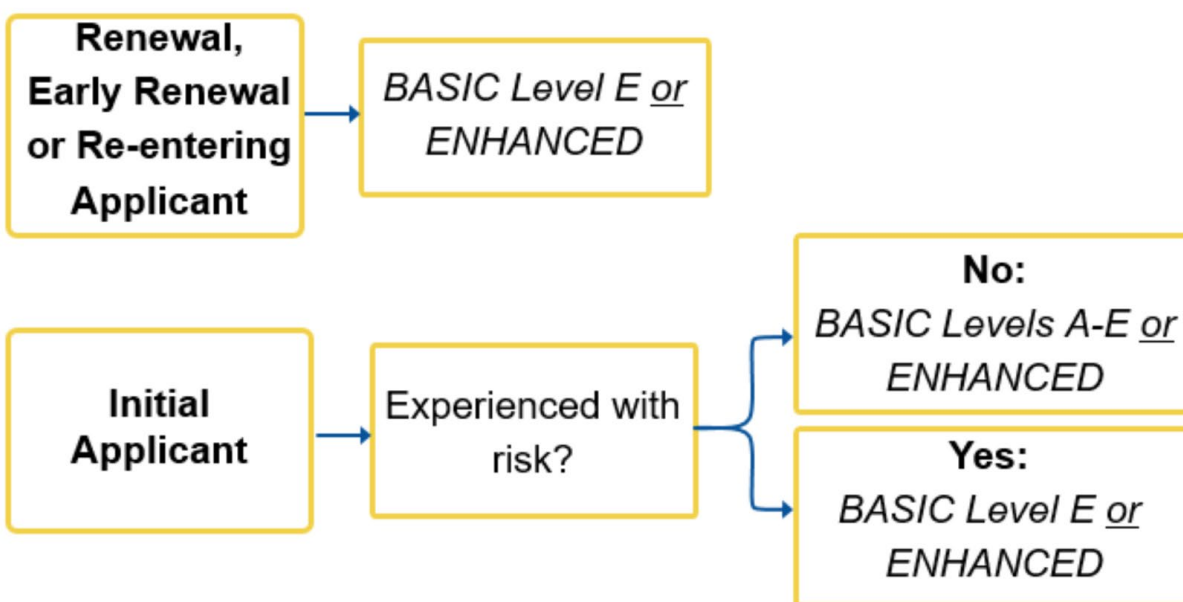
The diagram below illustrates how CMS determines an applicant ACO's track eligibility based on whether the ACO is determined to be experienced with performance-based risk and whether the ACO has previously participated under the BASIC track's glide path.

After an ACO enters the Shared Savings Program, key factors for future participation options include the following:

- An eligible ACO that enters BASIC track Level A may subsequently elect to remain in Level A for all subsequent performance years of their first agreement period.
- Any ACO, regardless of type or experience level, may elect to progress more quickly along the BASIC track glide path.

- ACOs that elect to participate in or advance to Level E of the BASIC track may participate in Level E indefinitely (or they can move to the ENHANCED track by submitting a renewal application during the annual application cycle).
- The ENHANCED track is optional. ACOs currently participating in the ENHANCED track that wish to participate in Level E of the BASIC track must submit a renewal application to begin a new agreement period.

Track and Level Eligibility Determination: Applicant ACOs



A re-entering ACO that is the same legal entity as an ACO that previously participated in the program prior to July 1, 2019, is applying to participate in the program after a break in participation, is inexperienced with performance-based risk Medicare ACO initiatives, and did not previously participate in the BASIC track may be eligible to participate in a one-sided level of the BASIC track.

Tips for Success



If an ACO is interested in receiving advance investment payments, the ACO must select Level A of the BASIC track.

3.3.3 Agreement Period Eligibility Determination

CMS will make the determination of what agreement period the ACO is entering, and this information will be provided during Phase 1 Request for Information (RFI) Periods through the Application Cycle subtab and the *Participation Options Report*.

The agreement period an ACO is entering has implications for how the below program requirements that phase in over multiple agreement periods are applied.

- The quality performance standard or the alternative quality performance standard as described in [42 CFR § 425.512\(a\)](#).
- Establishing, adjusting, and updating the benchmark as specified in [42 CFR § 425.652](#).
- Calculating the regional adjustment to the historical benchmark as specified in [42 CFR § 425.656](#).
- Calculating the prior savings adjustment to the historical benchmark as specified in [42 CFR § 425.658](#).
- Calculating the population adjustment to the historical benchmark as specified in [42 CFR § 425.662](#).

For additional information about how cohort types enter into their respective agreement periods, refer to [42 CFR § 425.200](#).

3.3.4 Minimum Savings Rate and Minimum Loss Rate

To qualify for shared savings, ACOs must meet or exceed their Minimum Savings Rate (MSR), meet the quality performance standard or the alternative quality performance standard, and maintain their eligibility to participate in the Shared Savings Program. As specified in [42 CFR § 425.605\(h\)](#), BASIC track ACOs whose savings did not meet or exceed the MSR may be eligible to qualify for a shared savings payment, in which the ACO shares in savings at a reduced sharing rate, if all of the following criteria are met:

- The ACO has average per capita Medicare Parts A and B FFS expenditures for the performance year below the updated benchmark (that is, the ACO generated savings for the performance year).
- The ACO is a low revenue ACO as defined in [42 CFR § 425.20](#) as determined at the time of financial reconciliation for the performance year.
- The ACO has at least 5,000 assigned beneficiaries for the relevant performance year as determined at the time of financial reconciliation for the performance year.
- The ACO is participating in an agreement period beginning on January 1, 2024, or in subsequent years.
- For agreement periods beginning on or after January 1, 2027, the ACO has at least 5,000 assigned beneficiaries in each of the ACO's benchmark years.

For ACOs applying under Levels A or B of the BASIC track, CMS uses a sliding scale based on the number of beneficiaries assigned to the ACO to calculate the MSR for the ACO. Therefore, ACOs applying for Levels A or B will not make a selection for MSR/MLR in the application.

To be liable for shared losses, ACOs must meet or exceed their Minimum Loss Rate (MLR). ACOs that select a higher MSR/MLR have the protection of having to meet a higher threshold before being liable for losses; however, they will also have a higher threshold to meet before being eligible for shared savings. ACOs that select a lower MSR/MLR will have less protection against liability for losses but may benefit from a lower threshold for shared savings.

ACOs applying for Levels C-E of the BASIC track or the ENHANCED track will make an MSR/MLR selection in the application which will be applicable to the entire agreement period.

For more information, refer to [Appendix A: Financial Description of Models](#) and review the *Shared Savings and Losses, Assignment and Quality Performance Standard Methodology Specifications*, located on the [Program Guidance & Specifications webpage](#).

Applicants can change their MSR/MLR selection in their application up until the Phase 1 RFI-2 deadline.

3.3.5 Beneficiary Assignment Methodology Selection and Assignment Estimates

ACOs will select which assignment methodology CMS uses to determine the population of beneficiaries for which an ACO is accountable: prospective assignment methodology or preliminary prospective assignment with retrospective reconciliation methodology. Note that this methodology is referred to as “retrospective” in certain ACO-MS reports.

Beneficiary assignment contributes to key program operations, such as calculating the ACO’s financial benchmark, assessing the ACO’s financial performance after the close of each performance year, and for quality reporting as specified in [42 CFR §§ 425.400\(a\)\(2\)](#) and [425.400\(a\)\(3\)](#).

3.3.5.1 Beneficiary Assignment Methodology Types

Prospective Assignment Methodology

Under prospective assignment, claims-based beneficiary assignment is determined prospectively at the beginning of each benchmark and performance year based on the beneficiary’s use of primary care services in the most recent 12 or 24 months, as applicable, for which data are available.

*Beneficiaries are assigned to an ACO based on services occurring **prior** to the performance year.*

Preliminary Prospective Assignment with Retrospective Reconciliation Methodology

Near the start of the performance year, ACOs receive an assignment list that includes beneficiaries preliminarily prospectively assigned via claims-based assignment based on the most recent 12 or 24 months, as applicable, of data. This differs from prospective assignment, as assignment under this methodology is updated quarterly and ultimately determined after the end of the performance year.

*Beneficiaries are assigned to an ACO based on services **during** the performance year.*

Applicants can change the beneficiary assignment methodology selection in their application up until the Phase 1 RFI-2 deadline. Thereafter, the ACO may change its selection of beneficiary assignment methodology prior to the start of each subsequent performance year (during the application and change request cycle) as specified in [42 CFR § 425.226\(a\)\(1\)](#).

3.3.5.2 Beneficiary Assignment Estimates – General Information and Methodology

Throughout the application cycle, CMS provides ACOs with assigned beneficiary estimates for the benchmark years and the upcoming performance year via [ACO-MS](#). These estimates can

be found in several different locations in ACO-MS. All beneficiary assignment information should be considered **estimates** that are subject to change.

CMS produces the beneficiary assignment estimates that are displayed in ACO-MS by utilizing a methodology that generates estimates at the ACO participant TIN level. The ACO participant TIN-level estimates are also used to produce ACO entity-level estimates, inclusive of and across all of the ACO participants on an ACO's proposed ACO Participant List.

- ACOs can see how each of the proposed ACO participants impacts the ACO's overall assignment estimate.
- ACOs receive assignment estimates reflecting both their selected methodology and the alternative methodology.
- Estimates are provided for the upcoming performance year, as well as the three prior years, labeled as benchmark years (BYs).
 - The BY estimates apply to the BYs for an ACO beginning a new agreement period on January 1st of the upcoming performance year.
 - For currently participating ACOs, the BY assignment estimates for the three prior years are for informational purposes only.
- To ensure compliance with [CMS cell suppression policy](#), if an ACO or ACO participant TIN is estimated to have between one and 10 assigned beneficiaries, the assignment estimate for that ACO or ACO participant TIN is subject to suppression (displayed as "**"). Assignment estimates for ACO participant TINs that are subject to suppression **are not** included in calculations of ACO-level values displayed in ACO-MS.

Assignment Estimates

The approach used to produce the assignment estimates will generally overestimate an ACO's assigned beneficiary population. This is especially true for ACOs that select the preliminary prospective assignment with retrospective reconciliation methodology. The overestimation occurs because of limitations of the estimation approach that do not allow CMS to reflect all the beneficiary eligibility and exclusion criteria that are incorporated into the assignment methodology used for operational purposes.

An ACO's assigned beneficiary population can be affected by several factors throughout the application cycle, including:

- Changes to the ACO's Participant List (including the submission and/or withdrawal of ACO participant change requests as well as the deletion of ACO participants).
- The ACO's selected assignment methodology.
- Changes to other ACOs' Participant Lists or selected assignment methodology.

3.3.5.3 Beneficiary Assignment Estimates – ACO-MS Locations

The beneficiary assignment estimates described in the previous section are available in several places in [ACO-MS](#), and the ACO-level estimates vary throughout the application cycle based on changes to the ACO Participant List as well as any deficiencies associated with individual change requests.

An estimate will be provided for each ACO participant as the ACO submits a change request to add the ACO participant to the ACO Participant List. For additional information on adding ACO participants, refer to the [ACO Participant List Change Requests in ACO-MS](#) tip sheet.

ACO participant and ACO-level estimates are also available in the Beneficiary Assignment Estimates view in the ACO Participants subtab, the Application Cycle subtab, and within the downloadable *Participation Options Report* described in Section 4.

ACO-level beneficiary assignment estimates included in the Application Cycle subtab and the *Participation Options Report* are distinct from the views found in the ACO Participant change request and ACO Participants subtab.

The estimates found in the Application Cycle subtab and the *Participation Options Report* are a representation of the ACO's beneficiary assignment that factors in deficiencies associated with individual ACO Participant change requests (if applicable) are factored into the totals.

For example:

- An ACO included three ACO participants on the proposed ACO Participant List. Each of the three ACO participants had an estimated 2,000 assigned beneficiaries. The change request for one of the three ACO participants had an overlap deficiency because the ACO participant appears on multiple ACO's ACO Participant Lists.
 - The beneficiary assignment estimates for the ACO participant with the overlap deficiency would be included in the estimate viewable in the Beneficiary Assignment Estimates view of the ACO Participants subtab. However, the estimates would not be included in the Application Cycle subtab or the Participation Options Report.
 - Therefore, the Beneficiary Assignment Estimates view would display 6,000 estimated assigned beneficiaries, while the Application Cycle subtab and the Participation Options Report would display 4,000, excluding the ACO participant with the overlap deficiency.
 - If the overlap is resolved at a later date, the ACO's beneficiary estimate would be updated to reflect the additional beneficiaries associated with the previously overlapping ACO participant.
 - Conversely, an ACO participant with an unresolved overlap deficiency cannot appear on your ACO's finalized participant list and therefore will not contribute to the final beneficiary assignment estimate used to determine program eligibility.

Tips for Success



ACOs are strongly encouraged to monitor the estimated number of assigned beneficiaries, especially if the estimate is close to 5,000 (based on any of the three benchmark years for either assignment methodology).

ACOs with fewer than 6,000 beneficiaries are encouraged to consider adding ACO participants to ensure that they exceed the 5,000-beneficiary minimum when CMS makes the eligibility determination at the end of Phase 1.

3.3.6 ACO Participant List and Participant Agreement

The ACO submits ACO participants for inclusion on the ACO Participant List via individual change requests. These change requests indicate that the ACO participants have agreed to form or partner with the ACO and certify that they are accountable for the quality, cost, and overall care of the ACO's beneficiaries, as well as compliant with the requirements of [42 CFR § 425.116\(a\)](#).

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
Must submit an executed ACO Participant Agreement with each ACO Participant change request.	- For any approved ACO participant the ACO wishes to carry over into a new agreement period, the ACO is <u>not required</u> to submit a newly executed ACO Participant Agreement, provided that the current agreement meets the requirements under 42 CFR § 425.116. - Must submit an executed ACO Participant Agreement with each new ACO Participant change request.

An ACO Participant List identifies all of an ACO's participants by their Medicare-enrolled TINs. During Phase 1 of the application submission period, an ACO will create its ACO Participant List. CMS uses the ACO Participant List to:

- Screen ACO participants.
- Generate the ACO Provider/Supplier List.
- Determine which Medicare FFS beneficiaries will be assigned to an ACO.
- Establish the historical benchmark.
- Perform financial calculations.
- Coordinate among CMS quality reporting initiatives.
- Identify cohort of ACO Participant Representatives on Governing Body.

IMPORTANT!



Any ACO participant that bills Medicare for primary care services used in assignment must be exclusive to a single Shared Savings Program ACO.

During a performance year, a Medicare-enrolled TIN can only participate in one Medicare shared savings initiative, or an overlap would be identified, and CMS would require an ACO to take action to address the overlap. For additional information and guidance, please refer to the [ACO Participant List and Participation Agreement Guidance](#).

After ACO Participant change requests are submitted, the information for each individual ACO participant—as well as an estimate of the number of beneficiaries assigned to the ACO as a whole—will be available via the ACO Participant List subtab of the My ACOs tab in [ACO-MS](#). The ACO-level assignment estimates are based on the latest ACO Participant List available. Therefore, the estimates may change depending on the submission and/or withdrawal of ACO participant change requests—and, for renewing and early renewal applicants, the deletion of ACO participants. For information on where the beneficiary assignment estimates are available in ACO-MS, please refer to [Section 3.3.5.3 Beneficiary Assignment Estimates – ACO-MS Locations](#).

Published Resource Available



- [ACO Participant List and Participant Agreement Guidance](#)
- [ACO Participant List Change Requests in ACO-MS](#) tip sheet

Tips for Success



Each year, within its agreement period, the ACO may submit change requests in ACO-MS to add new ACO participants to their ACO Participant List, effective for the next performance year.

3.3.7 SNF 3-Day Rule Waiver

If the ACO is applying to participate or currently participating in a two-sided model in the Shared Savings Program (Levels C, D, or E of the BASIC track or the ENHANCED track), they are eligible to apply for the SNF 3-Day Rule Waiver. ACOs applying to or participating in a one-sided model (Levels A and B) of the BASIC track are not eligible to apply for the SNF 3-Day Rule Waiver until the application cycle preceding their entry into a two-sided model.

ACOs submit their SNF 3-Day Rule Waiver application, all proposed SNF affiliates, and all executed SNF affiliate agreements during Phase 1 of the application process. Per [42 CFR](#)

[§ 425.612\(b\)\(3\)\(iii\)](#), an ACO must have at least one approved SNF affiliate to obtain an approved SNF 3-Day Rule Waiver.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
Must submit executed SNF Affiliate Agreements with each SNF affiliate change request.	- For any approved SNF affiliates the ACO wishes to carry over into a new agreement period, the ACO is not required to submit a newly executed SNF Affiliate Agreement provided the current agreement meets the requirements under 42 CFR § 425.116. - Must submit executed SNF Affiliate Agreements with each SNF affiliate change request.

Published Resource Available



- [SNF 3-Day Rule Waiver Guidance](#)
- [SNF Affiliate Change Request in ACO-MS](#) tip sheet

3.4 REPAYMENT MECHANISM

ACOs must establish an adequate repayment mechanism prior to the start of the agreement period ([42 CFR § 425.204\(f\)\(3\)](#)) as part of the application process to be eligible to participate in a two-sided risk model of the Shared Savings Program (Levels C, D, or E of the BASIC track, or the ENHANCED track).

ACOs are strongly encouraged to work with their financial institution to create draft repayment mechanism documentation before submitting the first draft to CMS. To assist with this, a Repayment Mechanism (RM) Generator in [ACO-MS](#) can be found in the dedicated Repayment Mechanism tab, which appears in the left-hand navigation of ACO-MS available to all ACOs.

This tool helps you build a first draft of your repayment mechanism by walking you through step-by-step prompts and automatically populating the selected template. Providing your financial institution with a first draft created using the RM generator can help provide all parties with the required information. CMS reviews the draft repayment mechanism and provides feedback necessary to correct any deficiencies prior to finalization.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
Must submit an adequate repayment mechanism.	- The ACO is permitted to use its existing repayment mechanism, with edits if required, to establish its ability to repay any shared losses incurred and prepaid shared savings determined to be owed for performance years in the new agreement period (refer to 42 CFR § 425.204(f)(3)(iv)-(v)). Amendment(s) to modify the existing repayment mechanism's duration and amount (if applicable) should be uploaded in lieu of a new repayment mechanism if selecting this option. - The ACO can also submit a new repayment mechanism for review.

Published Resource Available



- [Repayment Mechanism Arrangements Guidance](#)

Tips for Success



Within ACO-MS, ACOs can use the Repayment Mechanism Generator to populate repayment mechanism templates. Build the first draft to take to your financial institution by following step by step guidance through the required inputs. ACOs will need to download the completed draft from ACO-MS in order to share with their selected financial institution.

3.5 BANKING INFORMATION

Applicants must provide their banking information to CMS. In order to receive any earned shared saving and advance investment payments, or prepaid shared savings, ACOs must submit a completed *Electronic Funds Transfer (EFT) Authorization Agreement (Form CMS-588)*, *Form CMS-588 Cover Sheet*, and supporting financial documentation via [ACO-MS](#). Please refer to the [Submitting and Managing Banking Information Documents in ACO-MS](#) tip sheet for further instructions. ACOs will not be allowed to move forward with the application if the required documents are not submitted.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
Must submit all required documentation.	Only required to submit all documentation if changes are made to the Legal Business Name (LBN)/Legal Entity Name (LEN), TIN, Financial institution information, Authorized/Delegated Official, Contact, or Address.

Published Resource Available



- [ACO Banking Information Guidance](#)
- [Submitting and Managing Banking Information Documents in ACO-MS](#) tip sheet

3.6 CERTIFY THE APPLICATION

ACOs must certify and submit the application for CMS review. This step is crucial and cannot be skipped. Failure to complete this section will prevent the application from moving forward.

Checklist



Find the Phase 1 Checklist in [Appendix B](#).

4 Respond to Requests for Information (RFIs)

There are two RFI submission periods during Phase 1. RFIs give ACOs the opportunity to correct deficiencies and/or make updates or modifications to the ACO application or change request(s). Additionally, participation options and eligibility information and the *Participation Options Report* are also available in [ACO-MS](#). For more information on the *Participation Options Report*, visit [Section 4.2: Participation Options Report and Application Cycle Subtab](#).

4.1 RFI AVAILABLE ACTIONS

4.1.1 RFI-1 Important Information

- Beneficiary assignment estimates available.
- Receive feedback on track eligibility and make changes as required.
- Last opportunity to add an ACO participant or SNF affiliate.
- Last opportunity to make the election to add a SNF 3-Day Rule Waiver.

- Estimated repayment mechanism amounts are released, but this amount is subject to change and should not be used to finalize repayment mechanism documentation.
- Initial applicants can review preliminary AIP eligibility and quarterly payment estimates.
- Renewal applicants can review preliminary PSS eligibility and quarterly payment estimates.
- Applicant ACOs can also modify program participation selections. This includes track selection, MSR/MLR, and assignment methodology.

4.1.2 RFI-2 Important Information

- **Updated** Beneficiary assignment estimates available.
- Receive feedback on **updated** track eligibility and make changes as required.
- Last opportunity to withdraw or delete an ACO participant or withdraw a SNF affiliate change request.
- Final repayment mechanism amounts are released.
- Initial applicants can review **updated** preliminary AIP eligibility and quarterly payment estimates.
- Renewal applicants can review **updated** preliminary PSS eligibility and quarterly payment estimates.
- Applicant ACOs can also modify program participation selections. This includes track selection, MSR/MLR, and assignment methodology. This is the final opportunity to make any changes to these selections.

Tips for Success



Making changes to the ACO Participant List during RFI submission periods can affect the participation options for which ACOs are eligible.

4.2 PARTICIPATION OPTIONS REPORT AND APPLICATION CYCLE SUBTAB

CMS provides all ACOs with information applicable for the upcoming performance year with the release of each Phase 1 RFI in [ACO-MS](#) through a *Participation Options Report*. ACOs should review this information to understand eligibility to participate in the program. This report is also designed to help ACOs evaluate future participation options.

The *Participation Options Report Data Dictionary*, located in both the Application Cycle subtab (via the information bubble) and the Program Resources section of the Knowledge Library tab in [ACO-MS](#), provides detailed descriptions of the data provided in each tab of the report. ACOs can download the *Participation Options Report* by navigating to the Reporting tab and selecting the *Participation Options Report* in [ACO-MS](#).

The *Participation Options Report* includes the following tabs:

50% ACO COMPOSITION

Provides ACOs with information on the Shared Savings Program participation history of the ACO participants on their latest ACO Participant List for the upcoming performance year. Initial applicant ACOs can use this information to identify whether the ACO meets the definition of a re-entering ACO (as listed at [42 CFR § 425.20](#)) based on the latest proposed ACO Participant List submitted. The initial applicant ACO would meet the definition of a re-entering ACO if more than 50 percent of the ACO participants on the ACO Participant List were included on the ACO Participant List of the same ACO in any of the five most recent performance years prior to the agreement start date. Merged or acquired participant TINs are included in this determination.

40% RISK CHECK

Provides ACOs with information on whether the ACO meets the definition of experienced or inexperienced with performance-based risk Medicare ACO initiatives (as those terms are defined at [42 CFR § 425.20](#)) based on the latest version of the proposed ACO Participant List for the upcoming performance year.

REVENUE-REPAYMENT MECHANISM

Provides information about the ACO's high or low revenue status and estimated and final repayment mechanism amounts.

BENEFICIARY ASSIGNMENT ESTIMATE

Provides ACOs with assigned beneficiary estimates for the benchmark years (BYs) and the upcoming performance year at the ACO level and the individual ACO participant TIN level. In the RFI versions of the report, rows for proposed and currently participating ACO participant TINs and rows at the ACO level, which summarizes beneficiary-level estimates across all TINs, will be displayed. Values in the ACO-level rows reflect ACO participants after accounting for all deficiencies (deficiency information is provided for all ACO participants). More information can be found in the Data Dictionary, found within the Application cycle subtab.

AIP ESTIMATE

Provides ACO participant TIN-level and ACO-level information related to AIP, inclusive of quarterly advance investment payment estimates, to all initial applicants.

PSS ESTIMATE

Provides TIN-level and ACO-level information related to Prepaid Shared Savings (PSS). The PSS Estimate tab provides all currently participating ACOs (including those not eligible to participate in PSS) with information on their eligibility to receive prepaid shared savings and an estimate of prepaid shared savings that the ACO would be expected to earn in the next performance year.

ACO SUMMARY

Combines information presented in the other tabs, inclusive of an AIP eligibility column for initial applicants, to summarize an ACO's participation options and program eligibility.

The Application Cycle subtab in [ACO-MS](#), available on the ACO's page, includes the information from the ACO Summary tab of the *Participation Options Report*. It also reflects a summary of ACO selections made during each submission period of the application and change request cycle.

5 Phase 2 of the Application

Phase 2 of the Shared Savings Program application has four components: ACO information, program participation, leadership and governance, and certifications. The following sections provide instructions on how an ACO may complete each component. ACOs only have one opportunity to edit or make corrections to the information submitted during the Phase 2 RFI.

5.1 ACO INFORMATION

ACOs will complete additional information about the ACO, such as date of formation, legal entity type, and tax status.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
- Must provide: - Date of formation; - Legal Entity Type (i.e., sole proprietorship, partnership, publicly traded corporation, privately held corporation, limited liability company, or other); - Tax status (i.e., for-profit or not-for-profit).	- Review information for accuracy and make updates as applicable. - ACOs may update the following as applicable: - Date of formation - Legal Entity Type

5.1.1 Application Information

An ACO that seeks to participate in the Shared Savings Program must agree that CMS can share a copy of their application with the Antitrust Agencies. Your ACO will be required confirm agreement with this requirement.

5.1.2 History of Noncompliance

CMS will identify whether the ACO has a history of noncompliance with the requirements of the Shared Savings Program.

This includes, but is not limited to:

- Displayed a pattern of failure to meet the quality performance standard.
- Failed to repay shared losses in a timely manner.
- Generated losses outside its negative corridor for two or more years.
- Voluntarily or involuntarily terminated from the Shared Savings Program.

If CMS identified the ACO as having a history of noncompliance, the ACO is required to submit a narrative that demonstrates that the ACO has corrected the deficiencies that caused any

noncompliance and how it will remain in compliance with the terms of the new participation agreement as specified in [42 CFR § 425.224](#).

5.1.3 Public Reporting Webpage

As a part of their participation in the Shared Savings Program, ACOs are required to create and maintain a designated webpage to post organizational and programmatic information about the ACO, as specified in [42 CFR § 425.308](#).

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
Must provide the public reporting webpage URL address.	Can review but are not able to edit the public reporting webpage URL address.

5.1.4 Organization Contacts

ACOs must submit contact information for all required contacts in [ACO-MS](#). Keep in mind the following guidelines:

- An individual can serve as more than one ACO contact. However, CMS recommends that applicants diversify their contacts by assigning a different person to each role and requires the ACO Executive and Primary Application Contact types be different individuals
- Applicants may submit consultant and management company contact information; however, they may not be the only contacts for an ACO. Individual(s) directly from the ACO should also be listed as ACO contacts.
- Update the Contacts subtab in [ACO-MS](#) with the appropriate contact information when there is a change in ACO contacts within the ACO (e.g., new personnel, departing personnel, changes in roles).

For more information on ACO contacts, please refer to [Appendix F](#): Contact Capabilities & Descriptions.

Initial and Re-entering Applicants	Renewal and Early Renewal Applicants
Must submit accurate contact information for all required and optional contacts.	Must update and confirm contact information for all roles.

Published Resource Available



- [ACO-MS Registration & User Access](#) tip sheet

5.2 PROGRAM PARTICIPATION

5.2.1 Advance Investment Payments (AIP)

AIP offers eligible ACOs advance shared savings payments, including an up-front payment of \$250,000 and two years of quarterly payments. Advance investment payments are intended to encourage low revenue ACOs that are inexperienced with risk to participate in the Shared Savings Program.

To be eligible to begin receiving advance investment payments, at the time of the Shared Savings Program applicable application cycle, an ACO must meet certain requirements. The requirements are described in [42 CFR § 425.630\(b\)](#) and in summary, an ACO must be an initial applicant, meet the minimum 5,000 assigned beneficiaries, be inexperienced with performance based risk, and be a low revenue ACO (as defined under [42 CFR § 425.20](#)).

If the ACO is eligible to receive advance investment payments per [42 CFR § 425.630\(b\)](#), the ACO will have the option to select Yes and submit supplemental information. If the eligible ACO is not interested, select No, and no additional information is required.

Eligible Initial Applicant only	Re-entering and Renewal Applicants
Must submit supplemental information sufficient for CMS to determine whether the ACO is eligible to receive advance investment payments.	Not eligible to receive advance investment payments.

Published Resource Available



- [Advance Investment Payments Guidance](#)
- [How to Complete the AIP Supplemental Information and Spend Plan in ACO-MS](#) tip sheet
- [AIP Supplemental Information](#)

5.2.2 Prepaid Shared Savings (PSS)

Prepaid shared savings, distributed on a quarterly basis, are intended to provide an additional cash flow option to ACOs with an established history of earning shared savings that will encourage their investment in activities that reduce costs for the Medicare program and improve the quality of care provided to their assigned beneficiaries. The eligibility criteria to receive prepaid shared savings may be found in the regulation at [42 CFR § 425.640\(b\)](#).

During Phase 2 of the Shared Savings Program application, an ACO that is eligible to receive prepaid shared savings will have an opportunity to indicate interest and submit supplemental information for CMS review. The supplemental information must be timely submitted and meet the requirements set forth at [42 CFR § 425.640\(d\)](#).

Initial and Re-entering Applicants	Eligible Renewal Applicants
Initial applicants or re-entering ACOs are not eligible to receive prepaid shared savings.	Must submit supplemental information sufficient for CMS to determine whether the ACO is eligible to receive prepaid shared savings.

Published Resource Available



- [*Prepaid Shared Savings Guidance*](#)
- [*PSS Supplemental Information*](#)
- [*How to Complete the PSS Supplemental Information and Spend Plan in ACO-MS*](#)

5.2.3 Beneficiary Incentive Program (BIP)

ACOs applying to participate in or currently participating in two-sided models (Levels C, D, or E of the BASIC track or the ENHANCED track) have the option to apply to establish and operate a BIP, to provide incentive payments to assigned beneficiaries who receive medically necessary primary care services as defined in [42 CFR § 425.304\(c\)\(3\)\(iii\)](#). If the ACO intends to apply to establish and operate a BIP, the ACO must submit a BIP Application during Phase 2 in [ACO-MS](#). CMS recommends interested ACOs review the “Questions and Answers” section of the [Beneficiary Incentive Program Guidance](#) prior to applying for an overview of the program and its requirements.

Published Resource Available



- [*Beneficiary Incentive Program Guidance*](#)
- [*BIP Application*](#)

5.3 LEADERSHIP AND GOVERNANCE

All applicants provide information about the ACO’s leadership. The description submitted in this section provides context about the ACO’s ability to meet eligibility requirements, its structure, and its affiliations. Refer to the regulatory requirements in [42 CFR § 425.204\(c\)\(1\)](#).

5.3.1 Organizational Chart

Applicants must submit an organizational chart. The chart should clearly depict the flow of responsibility and reporting structure. The organizational chart should include the following roles, including names of individuals in these roles:

- Medical director/chief medical officer
- Compliance official or individual who is not legal counsel to the ACO and reports directly to the ACO’s governing body
- ACO Executive
- Qualified health care professional responsible for the ACO’s quality assurance and improvement program

Refer to the regulatory requirements in [42 CFR § 425.204\(c\)\(1\)\(iii\)](#), [42 CFR § 425.112\(a\)\(2\)](#), [42 CFR § 425.300](#), and [42 CFR § 425.108](#).

5.3.2 Governing Body

ACOs must submit information about their governing body and confirm that specific governance procedures are in place. An ACO must maintain an identifiable governing body with ultimate authority to execute the functions of an ACO, including but not limited to the processes to promote evidence-based medicine and patient engagement, to report on quality and cost measures, and to coordinate care ([42 CFR § 425.106\(a\)\(1\)](#)). The ACO must establish a mechanism for shared governance among the ACO participants or combination of ACO participants that formed the ACO.

IMPORTANT!



ACO participants must represent at least 75 percent of the voting power for all voting members.

ACOs must provide the following for each governing body member:

- Membership type
- Title/Position
- Voting power
- ACO Participant LBN (if applicable)

For more information about the governing body, refer to regulatory requirements in [42 CFR §§ 425.106](#) and [425.204\(c\)\(1\)\(iv\)](#) and [\(v\)](#).

ACO-MS will automatically calculate whether ACO participants hold 75 percent control over the ACO's governing body; non-voting governing body members are not included in the calculation.

CMS does not require an ACO's governing body to include a representative from each ACO participant listed on its ACO Participant List. However, the program rules require an ACO to provide meaningful participation in the composition and control of the ACO's governing body for ACO participants and/or their designated representatives.

IMPORTANT!



An ACO must include at least one Medicare FFS beneficiary on its governing body.

The Medicare FFS beneficiary on the governing body must be served by the ACO, cannot be an ACO provider or supplier, cannot have a conflict of interest with the ACO, and cannot have an immediate family member with a conflict of interest with the ACO. If an ACO does not include a

Medicare FFS beneficiary on the governing body, the ACO must provide a narrative explaining why it seeks to differ from this requirement and how the ACO demonstrates meaningful representation of Medicare FFS beneficiaries in governance. The narrative is not intended to request additional time for the ACO to identify a Medicare FFS beneficiary to serve on the governing board.

Your ACO will be unable to save the governing body information until the total voting power of the governing body members is equal to 100 percent.

Tips for Success



CMS encourages ACOs to reach out to their ACO participants to assist in identifying a Medicare beneficiary to serve on their board prior to Phase 2 Final Submission deadline.

For more information, refer to regulatory requirements at [42 CFR § 425.106](#).

Published Resource Available



- [Submitting and Managing Governing Body Documentation in ACO-MS](#) tip sheet

Tips for Success



Merged or acquired (M/A) ACO participant TINs cannot be included as an “ACO Participant Representative” on your governing body and will not be counted towards the 75 percent ACO participant control requirement.

5.4 CERTIFICATIONS

In this section of the application, ACOs must certify that they agree to meet all applicable Shared Savings Program requirements in [42 CFR part 425](#), including but limited to the following:

- Legal entity ([42 CFR § 425.104](#))
- Shared governance ([42 CFR § 425.106](#))
- Leadership and management ([42 CFR § 425.108](#))
- Required processes and patient-centeredness criteria ([42 CFR § 425.112](#))
- Agreements with ACO participants and ACO providers/suppliers ([42 CFR § 425.116](#)(a) and (b))

- Content of the application ([42 CFR § 425.204](#)(a), (c)(1), (d), and (f))
- Compliance plan ([42 CFR § 425.300](#))

ACOs will also certify that they will request the minimum necessary data as a HIPAA-covered entity, as the business associate of the ACO's ACO participants and ACO providers/suppliers, or as an organized health care arrangement, in order to conduct health care operations per [45 CFR § 164.501](#). The minimum necessary data may include, but are not limited to, the data elements as defined in [42 CFR § 425\(h\)](#). If approved to participate in the Shared Savings Program, the ACO will be required to submit a Data Use Agreement (DUA) prior to receiving any data.

ACOs may request to receive beneficiary-identifiable part A, B, and/or D claims data, which CMS provides in Claim and Claim Line Feed (CCLF) files. For more information, refer to the [CCLF File Data Elements Resource](#).

Checklist



Find the Phase 2 Checklist in [Appendix C](#).

6 Responding to Phase 2 RFI

There will be one RFI response period during Phase 2. ACOs will have the opportunity to respond to feedback from CMS and make any necessary corrections to Phase 2 of their application in [ACO-MS](#). After the Phase 2 RFI, CMS will issue final application dispositions.

6.1 RFI AVAILABLE ACTIONS

- Correct any deficiencies on Phase 2 elements identified by CMS.
- Only opportunity to make updates to BIP application
- Only opportunity to make updates to AIP supplemental information
- Only opportunity to make updates to PSS supplemental information

Tips for Success



The ACO cannot modify any information submitted within the Phase 1 application task, including the ACO Participant List and SNF Affiliate List.

7 Withdrawing an Application

Applicants that submit an application but do not intend to participate in the Shared Savings Program, AIP, SNF 3-Day Rule Waiver, BIP and/or PSS can withdraw their application in [ACO-MS](#). Only the ACO Executive, Authorized to Sign (primary or secondary), and Application Contact (primary and secondary) contact types can withdraw an application.

IMPORTANT!



Once the application is withdrawn, the action is final.

Tips for Success



ACOs can choose to withdraw their SNF or BIP applications or consideration for AIP or PSS without impacting their overall Shared Savings Program application.

7.1 SPECIAL CONSIDERATIONS FOR EARLY RENEWAL ACOS

Early renewal applicants can withdraw their application and return to their current agreement period. If the withdrawal occurs prior to the release of Final Application Dispositions, ACOs will be automatically returned to their current agreement period. However, the impacts vary depending on when in the application cycle the ACO withdraws the application. Withdrawing a renewal application as an early renewal applicant does not grant an ACO the ability to take actions outside of established deadlines of the application and change request cycle.

- ACOs will return to the default Track/Level in which the ACO would have participated if the renewal application had not been submitted regardless of when the application is withdrawn.
 - For example, if the ACO is participating in Level B of the BASIC track and would automatically have advanced to Level C in the absence of submitting a renewal application, then the ACO will be in Level C after withdrawing the renewal application.
 - Alternatively, an ACO participating in Level E of the BASIC track who submitted a renewal application and selected the ENHANCED track, would return to Level E of the BASIC track upon withdrawal of the application.
- ACOs required to move to two-sided risk will retain the MSR/MLR selection made in the renewal application if it is withdrawn **after** the Phase 1 RFI-2 deadline.
- An ACO's assignment methodology will automatically revert to selection made in the current performance year **ONLY** if the application is withdrawn **prior to** the Phase 1 RFI-2 deadline.

- For example, if the early renewal applicant is participating under prospective assignment but selects preliminary prospective assignment with retrospective reconciliation as part of the renewal application and withdraws prior to the Phase 1 RFI-2 deadline, the ACO will revert to prospective assignment for the upcoming performance year. The ACO may choose to submit a Participation Options Change Request to change their assignment methodology, if desired, before the Phase 1 RFI-2 deadline.
- An ACO's assignment methodology selection made in the application will apply to the upcoming performance year if the application is withdrawn after the Phase 1 RFI-2 deadline.
 - For example, if the early renewal applicant is participating under prospective assignment but selects preliminary prospective assignment with retrospective reconciliation as part of the renewal application and withdraws after Phase 1 RFI-2, the assignment methodology for the next performance year will be preliminary prospective with retrospective reconciliation.

If an early renewal applicant withdraws their application and returns to their current agreement period, the following will apply to the upcoming performance year within the ACO's current agreement period for their ACO Participant and/or SNF Affiliate Lists:

Early Renewal Withdrawal Impact on ACO Participants and/or SNF Affiliates

ACO Participant/SNF Affiliate Type	Application Withdrawn During Phase 1 Submission and RFI-1 Submission Periods	Application Withdrawn During RFI-2 Submission Period	Application Withdrawn After Phase 1 Final Dispositions Through Final Application Dispositions
ACO participants and/or SNF affiliates carried forward from current agreement period with Renewal Application	Change requests will be withdrawn and ACO participants and/or SNF affiliates will revert back to an approved status in the current agreement period.	Change requests will be withdrawn and ACO participants and/or SNF affiliates will revert to an approved status in the current agreement period.	ACO participants or SNF affiliates will retain the disposition made at Phase 1.
ACO Participants and/or SNF Affiliates not carried forward from current agreement period (Deleted) with Renewal Application	ACO participants and/or SNF affiliates will remain in a deleted status. However, a new change request can be submitted to add ACO participants or SNF affiliates.	ACO participants and/or SNF affiliates will remain in a deleted status.	ACO participants and/or SNF affiliates will remain in a deleted status.

ACO Participant/SNF Affiliate Type	Application Withdrawn During Phase 1 Submission and RFI-1 Submission Periods	Application Withdrawn During RFI-2 Submission Period	Application Withdrawn After Phase 1 Final Dispositions Through Final Application Dispositions
Additions to ACO Participant List and/or SNF Affiliate List submitted with Renewal Application	Change Requests to add ACO participants and/or SNF affiliates will remain in pending status unless withdrawn by ACO.	Change Requests to add ACO participants and/or SNF affiliates will remain in pending status unless withdrawn by ACO.	ACO participants or SNF affiliates will retain the disposition made at Phase 1.

8 ACO Signing Event

During the ACO Signing Event, ACOs review and confirm their organization's information (e.g., ACO legal entity name, ACO TIN, ACO business address), and contact information. ACOs must also review, certify, and electronically sign required documents. All ACO Signing Event activities are completed electronically in [ACO-MS](#). Only the following contact types can perform the ACO Signing Event activities for the ACO:

- ACO Executive
- Authorized to Sign (primary and secondary)
- DUA Requestor

CMS will countersign certain required documents to accept an ACO's submission for participation in the Shared Savings Program, as applicable. CMS will notify ACOs via email and ACO-MS when the ACO Signing Event signature period begins and ends.

8.1 REVIEW AND CONFIRM AGREEMENT INFORMATION

During the ACO Signing Event, an ACO must review and confirm that its ACO information is accurate (e.g., legal entity name, TIN, address, etc.). An ACO can review this information at any time in [ACO-MS](#) on the My ACOs tab under the Agreement Details subtab.

8.2 REVIEW AND CONFIRM CONTACT INFORMATION

As part of the ACO Signing Event, ACOs should review all ACO personnel contact information in [ACO-MS](#) to make sure an individual is assigned to each required contact type, contact information for all individuals is up to date, and all contacts have active ACO-MS credentials and can log in to the system.

Tips for Success



Be sure the ACO's designated authorized users are available to sign during the annual ACO Signing Event.

8.3 REVIEW AND CERTIFY DOCUMENTS

All ACOs review, certify, and electronically sign documents related to their participation in the Shared Savings Program. ACOs approved for a SNF 3-Day Rule Waiver or BIP will need to sign additional documentation.

8.4 ELECTRONICALLY SIGN DOCUMENTS

Authorized users for the ACO Signing Event (ACO Executive, Authorized to Sign (primary and secondary), and DUA Requestor) can review and sign documents in [ACO-MS](#).

8.5 CMS COUNTERSIGNS THE ACO SIGNING EVENT DOCUMENTS

Once the signature period for ACOs to sign all required documents in ACO-MS ends, CMS will countersign certain required documents related to ACOs' participation in the Shared Savings Program. ACOs will receive an email notification once CMS countersigns their documents. This notification is the final step of the ACO Signing Event.

9 Appendices

APPENDIX A: BASIC TRACK AND ENHANCED TRACK CHARACTERISTICS

Comparison of BASIC Track and ENHANCED Track Characteristics

Characteristic	BASIC Track's Glide Path				ENHANCED Track (risk/reward)
	Level A & Level B (one-sided model)	Level C (risk/reward)	Level D (risk/reward)	Level E (risk/reward)	
Shared Savings (once Minimum Savings Rate (MSR) met or exceeded; or for certain BASIC track ACOs, determined to be eligible to share in savings at a reduced rate under § 425.605(h)^{1,2}	If MSR met or exceeded: 1 st dollar savings at a rate of 40% if the applicable quality performance standard established in § 425.512(a)(2) or § 425.512(a)(5)(i) is met; or 1 st dollar savings at a rate of 40% multiplied by the ACO's quality score (expressed as a percentage) if the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii). If	If MSR met or exceeded: 1 st dollar savings at a rate of 50% if the applicable quality performance standard established in § 425.512(a)(2) or § 425.512(a)(5)(i) is met; or 1 st dollar savings at a rate of 50% multiplied by the ACO's quality score (expressed as a percentage) if the ACO meets the alternative quality performance standard at §	If MSR met or exceeded: 1 st dollar savings at a rate of 50% if the applicable quality performance standard established in § 425.512(a)(2) or § 425.512(a)(5)(i) is met; or 1 st dollar savings at a rate of 50% multiplied by the ACO's quality score (expressed as a percentage) if the ACO meets the alternative quality performance standard at §	If MSR met or exceeded: 1 st dollar savings at a rate of 50% if the applicable quality performance standard established in § 425.512(a)(2) or § 425.512(a)(5)(i) is met; or 1 st dollar savings at a rate of 50% multiplied by the ACO's quality score (expressed as a percentage) if the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii). If	If MSR met or exceeded: 1 st dollar savings at a rate of 75% if the applicable quality performance standard established in § 425.512(a)(2) or § 425.512(a)(5)(i) is met; or 1 st dollar savings at a rate of 75% multiplied by the

¹ In accordance with 42 CFR § 425.605(h), an ACO that meets the quality performance standard or the alternative quality performance standard under 42 CFR § 425.512 and otherwise maintains its eligibility to participate in the Shared Savings Program will qualify for a shared savings payment, calculated using a sharing rate that is one-half the applicable percentage, if the following criteria are met: (i) the ACO has average per capita Medicare Parts A and B fee-for-service expenditures for the performance year below the updated benchmark determined under 42 CFR § 425.652; (ii) the ACO is a low revenue ACO as defined in 42 CFR § 425.20 as determined at the time of financial reconciliation for the performance year; (iii) the ACO has at least 5,000 assigned beneficiaries for the relevant performance year as determined at the time of financial reconciliation for the performance year; (iv) the ACO is participating in an agreement period beginning on January 1, 2024, or in subsequent years; and (v) for agreement periods beginning on or after January 1, 2027, the ACO has at least 5,000 assigned beneficiaries in each of the ACO's benchmark years..

² ACOs that fail to meet the quality performance standard or the alternative quality performance standard are ineligible to share in savings.

Characteristic	BASIC Track's Glide Path				ENHANCED Track (risk/reward)
	Level A & Level B (one-sided model)	Level C (risk/reward)	Level D (risk/reward)	Level E (risk/reward)	
	MSR not met, eligible low revenue ACOs may share in 1 st dollar savings at one-half the applicable percentage described above. Not to exceed 10% of updated benchmark.	425.512(a)(5)(ii). If MSR not met, eligible low revenue ACOs may share in 1 st dollar savings at one-half the applicable percentage described above. Not to exceed 10% of updated benchmark.	425.512(a)(5)(ii). If MSR not met, eligible low revenue ACOs may share in 1 st dollar savings at one-half the applicable percentage described above. Not to exceed 10% of updated benchmark.	MSR not met, eligible low revenue ACOs may share in 1 st dollar savings at one-half the applicable percentage described above. Not to exceed 10% of updated benchmark.	ACO's quality score (expressed as a percentage) if the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii). Not to exceed 20% of updated benchmark.
Shared Losses (once Minimum Loss Rate (MLR) met or exceeded)	N/A	1 st dollar losses at a rate of 30%, not to exceed 2% of ACO participant revenue capped at 1% of updated benchmark.	1 st dollar losses at a rate of 30%, not to exceed 4% of ACO participant revenue capped at 2% of updated benchmark.	1 st dollar losses at a rate of 30%, not to exceed 8% of ACO participant revenue capped at 4% of updated benchmark. The loss recoupment limit is the percentage of revenue specified in the revenue-based nominal amount standard under the Quality Payment Program (QPP) ³ capped at 1 percentage point higher than the expenditure-based nominal risk amount ⁴ .	1 st dollar losses at a rate determined using a sliding scale based on ACO's quality score (expressed as a percentage) if the applicable quality performance standard established in § 425.512(a)(2) or § 425.512(a)(5)(i) or the alternative quality performance standard at § 425.512(a)(5)(ii)

³ Refer to 42 CFR § 414.1415(c)(3)(i)(A).

⁴ Refer to 42 CFR § 414.1415(c)(3)(i)(B).

Characteristic	BASIC Track's Glide Path				ENHANCED Track (risk/reward)
	Level A & Level B (one-sided model)	Level C (risk/reward)	Level D (risk/reward)	Level E (risk/reward)	
					is met; with minimum shared loss rate of 40% and maximum of 75%. If the ACO fails to meet the applicable quality performance standard established in § 425.512 or the alternative quality performance standard, 1st dollar losses at a rate of 75%. Shared losses not to exceed 15% of updated benchmark.
Annual choice of beneficiary assignment methodology?	Yes	Yes	Yes	Yes	Yes
Annual election to enter higher risk?	Yes, but new, inexperienced ACOs may elect to remain at Level A for all subsequent performance years of their first BASIC track agreement period.	Yes	No; ACOs will automatically transition to Level E at the start of the next performance year.	No; maximum level of risk/reward under the BASIC track; ACOs may participate indefinitely under Level E of the BASIC track.	No; highest level of risk/reward under Shared Savings Program; participation in the ENHANCED track is optional.

Characteristic	BASIC Track's Glide Path				ENHANCED Track (risk/reward)
	Level A & Level B (one-sided model)	Level C (risk/reward)	Level D (risk/reward)	Level E (risk/reward)	
Participation Options for new eligible ACOs receiving advance investment payments (if other eligibility criteria are met)	Yes, for performance year 1, the ACO must participate in Level A of the BASIC track's glide path ⁵ . For performance year 2, the ACO may participate in Level A or Level B ⁶ .	Yes, but not until performance years 3 through 5 ⁷ .	Yes, but not until performance years 3 through 5 ⁸ .	Yes, but not until performance years 3 through 5 ⁹ .	No
Participation Options for renewing ACOs receiving prepaid shared savings (if other eligibility criteria are met)	No	Yes	Yes	Yes	Yes
Advanced Alternative Payment Model (APM) status under the QPP?	No	No	No	Yes	Yes
ACOs may establish an approved Beneficiary Incentive Program (BIP)?	No	Yes	Yes	Yes	Yes

⁵ Refer to 42 CFR § 425.630(b)(3)(i).

⁶ Refer to 42 CFR § 425.630(b)(3)(ii).

⁷ Refer to 42 CFR § 425.630(b)(3)(iii).

⁸ *Ibid.*

⁹ *Ibid.*

Characteristic	BASIC Track's Glide Path				ENHANCED Track (risk/reward)
	Level A & Level B (one-sided model)	Level C (risk/reward)	Level D (risk/reward)	Level E (risk/reward)	
Expanded Telehealth Services are available to ACOs electing prospective assignment methodology for PY 2020 and subsequent years?	No	Yes	Yes	Yes	Yes
ACOs may apply to use Skilled Nursing Facility (SNF) 3-Day Rule Waiver?	No	Yes	Yes	Yes	Yes

APPENDIX B: PHASE 1 CHECKLIST

ACO Information

- ☐ Completed registration for the upcoming performance year application cycle.
- ☐ Invited and created/updated the necessary ACO-MS contacts to complete the application.

The ACO confirmed that the following is correct before application submission:

- ☐ Legal entity name (LEN)
- ☐ Trade name/doing business as (DBA) name
- ☐ Mailing address
- ☐ Taxpayer Identification Number (TIN)

Program Participation Options

The ACO made a selection for the following according to eligibility and preference:

- ☐ Track (and level if applicable).
- ☐ MSR/MLR (If applying to a two-sided risk model).
- ☐ Beneficiary assignment methodology.

ACO Participant List

The ACO has submitted:

- ☐ Change requests to add or renew each desired ACO Participant(s) ensuring that each bill through a Medicare-enrolled TIN that is not participating in more than one Medicare shared savings initiative during the performance year.
- ☐ ACO Participant Agreement attestation.

SNF 3-Day Rule Waiver

If applying for a SNF 3-Day Rule Waiver, the ACO has submitted:

- ☐ The SNF 3-Day Rule Waiver application task.
- ☐ Change requests to add or renew each desired SNF affiliate(s) ensuring that each bill through a Medicare-enrolled TIN and are linked with the CCN provided within the change request.
- ☐ SNF Affiliate Agreement attestation.

Repayment Mechanism

If applying for a two-sided risk model, the ACO has submitted:

- ☐ Draft Repayment Mechanism documentation in the form of either funds placed in escrow, line of credit as evidenced by a letter of credit, surety bond, or a combination of these arrangements.

Banking Information

As an initial applicant or a renewal or early renewal applicant who needs to update their banking information, the ACO has submitted

- ☐ *Form CMS-588 Cover Sheet*



- ☐ *EFT Authorization Agreement (Form CMS-588)*
- ☐ Supporting financial documentation.

Certifications

The ACO has:

- ☐ Certified the application.
- ☐ Submitted the application for CMS review.

APPENDIX C: PHASE 2 CHECKLIST

ACO Information

The ACO has completed or reviewed the following information in [ACO-MS](#):

- ☐ Date of formation
- ☐ Legal entity type (i.e., sole proprietorship, partnership, publicly traded corporation, privately held corporation, limited liability company, or other)
- ☐ Tax status (i.e., for-profit or not-for-profit)

Public Reporting Webpage

- ☐ The ACO has provided the address of our public reporting webpage (initial applicants only).

Organization Contacts

- ☐ The ACO has provided accurate contact information for all required contacts.
- ☐ The ACO has provided accurate contact information for all optional contacts, if included.

ACO Information

- ☐ ACO date of formation matches entity formation documentation (e.g., Certificate of Incorporation).
- ☐ The ACO has provided the address of our public reporting webpage (initial applicants only).
- ☐ The ACO has added or updated information for the required contacts.

Advance Investment Payments

If eligible and electing to participate in AIP, the ACO has submitted:

- ☐ The required supplemental information, inclusive of a spend plan.

Prepaid Shared Savings

If eligible and electing to receive prepaid shared savings, the ACO has submitted:

- ☐ The required supplemental information, inclusive of a spend plan.

Beneficiary Incentive Program

If applying to establish and operate a BIP, the ACO submitted:

- ☐ BIP application task.

Organizational Chart

- ☐ The ACO has submitted an organizational chart.

ACO Governing Body

- ☐ The ACO's governing body includes at least one Medicare FFS beneficiary who is served by the ACO, is not an ACO provider/supplier, does not have a conflict of interest with the ACO, or has no immediate family members with a conflict of interest with the ACO.
- ☐ The ACO participants must hold at least 75 percent control of the ACO's governing body.



Certifications

The ACO has:

- ☐ Certified the application.
- ☐ Submitted the application for CMS review.

APPENDIX D: KEY TERMINOLOGY

This Appendix defines important terms to understand before beginning the application process.

Term	Definition
ACO Participant	Entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants.
ACO Participant Agreement	The written agreement between the ACO and ACO participant in which the ACO participant agrees to participate in, and comply with, the requirements of the Shared Savings Program.
ACO Participant List	A list that identifies all of an ACO's participants. An ACO must certify its ACO Participant List as accurate prior to the start of its participation agreement with CMS and annually thereafter before the start of the next performance year.
ACO-MS	The ACO Management System (ACO-MS) is the online system in which ACOs complete all application-related activities.
Advance Investment Payments	Offers eligible ACOs advance shared savings payments, including an up-front payment of \$250,000 and two years of quarterly payments. Advance investment payments are intended to encourage low revenue ACOs that are inexperienced with risk to participate in the Shared Savings Program.
Beneficiary Assignment Methodology	The method that CMS employs for the assignment of beneficiaries to an ACO. ACOs may select their assignment methodology: Preliminary prospective assignment with retrospective reconciliation or prospective assignment. Beneficiary assignment contributes to key program operations, such as calculating the ACO's financial benchmark, assessing the ACO's financial performance after the close of each performance year, and quality reporting.
Beneficiary Incentive Program	A program in which ACOs participating in certain two-sided models offer incentive payments to encourage assigned beneficiaries to obtain medically necessary primary care services.
Financial Benchmark	The cost target used to assess an ACO's financial performance, and eligibility for an earned shared savings payment.
Minimum Savings Rate/Minimum Loss Rate (MSR/MLR)	Minimum Savings Rate (MSR) is a percentage threshold ACOs must meet or exceed to receive a shared savings payment. A Minimum Loss Rate (MLR) is a percentage

Term	Definition
	threshold ACOs must meet or exceed to be liable for shared losses.
One-sided model	A model under which the ACO may share savings with the Medicare program, if it meets the requirements for doing so, but is not liable for sharing any losses incurred.
Two-sided model	A model under which the ACO may share savings with the Medicare program, if it meets the requirements for doing so, and is also liable for sharing any losses incurred.
Participation Agreement	The written agreement required under 42 CFR § 425.208(a) between the ACO and CMS that, along with the regulations, govern the ACO's participation in the Shared Savings Program.
Performance-based Risk	An initiative implemented by CMS that requires an ACO to participate under a two-sided model during its agreement period.
Prepaid Shared Savings	Offers eligible ACOs quarterly advance payment of earned shared savings. Prepaid shared savings are intended to provide an additional cash flow option to ACOs with an established history of earning shared savings that will encourage their investment in activities that reduce costs for the Medicare program and improve the quality of care provided to their assigned beneficiaries.
Request for Information	The process through which CMS gives ACOs the opportunity to correct deficiencies and/or make updates or modifications to the ACO application or change request(s). RFIs are issued in ACO-MS, and ACOs must respond to RFIs in ACO-MS.
SNF 3-Day Rule Waiver	Waives the requirement for a 3-day inpatient hospital stay prior to a Medicare-covered, post-hospital, extended-care service for eligible beneficiaries if certain conditions are met.
SNF Affiliate List	A list that identifies all of an ACO's SNF affiliates by their Medicare-enrolled SNF TINs, SNF TIN LBNs, and SNF CCNs. Each ACO establishes its SNF Affiliate List during Phase 1 of the Shared Savings Program Application process.

APPENDIX E: ACRONYMS

Below is a list of acronyms used throughout the Application Reference Manual and their definitions.

- ACO: Accountable Care Organization
- ACO-MS: ACO Management System
- AIP: Advance Investment Payments
- BIP: Beneficiary Incentive Program
- BY: Benchmark Year
- CCN: CMS Certification Number
- CMS: Centers for Medicare & Medicaid Services
- CY: Calendar Year
- DBA: Doing Business As (trade name)
- DUA: Data Use Agreement
- EFT: Electronic Funds Transfer
- FFS: Fee-for-service
- Form CMS-588: Electronic Funds Transfer Authorization Agreement
- LEN: Legal Entity Name
- LBN: Legal Business Name
- MLR: Minimum Loss Rate
- MSR: Minimum Savings Rate
- PSS: Prepaid Shared Savings
- PY: Performance Year
- QPP: Quality Payment Program
- RFI: Request for Information
- RM: Repayment Mechanism
- SNF: Skilled Nursing Facility
- TIN: Taxpayer Identification Number

APPENDIX F: CONTACT CAPABILITIES & DESCRIPTIONS

Contact Capabilities

All contacts have access to correspondence from CMS to the ACO.

IMPORTANT!



The Authorized to Sign (primary or secondary) and DUA Requestor can be the same contact as the ACO Executive.

Contact Type	ACO Contact Description	This contact has administrative privileges in ACO-MS: They can edit or delete invited ACO users.	This contact is designated to electronically sign documents on behalf of the ACO.
Required Contacts			
ACO Executive*	Person who holds an executive leadership office in the ACO and is vested by the ACO's governing body with the legal powers to commit the ACO to a binding agreement.	X	X
Application Contact (primary)	Serves as the primary point of contact for the ACO's application to participate in the Medicare Shared Savings Program (Shared Savings Program).	X	
Authorized to Sign (primary and secondary)	Person appointed by the ACO as an agent of the organization and vested by the ACO's governing body with the legal powers to commit the ACO to a binding agreement.	X	X
CMS Liaison	Serves as the ACO's point of contact for communication between the ACO and CMS.	X	
Compliance Contact*	Serves as the ACO's point of contact for program compliance and monitoring activities. This includes compliance and monitoring activities, such as corrective action plans (CAPs) and program announcements and notices related to compliance and monitoring.		
DUA Custodian	Individual responsible for the observance of all conditions of data		

Contact Type	ACO Contact Description	This contact has administrative privileges in ACO-MS: They can edit or delete invited ACO users.	This contact is designated to electronically sign documents on behalf of the ACO.
	use and for establishment and maintenance of security arrangements, as specified in the DUA, to prevent unauthorized use or disclosure. The custodian is the individual who accesses the requested data files and oversees others within the organization who have access to it. All ACO contacts listed in ACO-MS are considered DUA Custodians.		
DUA Requestor	Serves as the person authorized to legally bind the ACO to the terms of the DUA. Each ACO can only have one DUA Requestor.		X
Financial Contact	Serves as the ACO's point of contact for banking and payment information. This person is the ACO's authorized official recorded on the ACO's Form CMS-588 and owner of the ACO's bank account.		
Information Technology (IT) Contact (primary)	Serves as the ACO's primary point of contact for data transfers between the ACO and CMS.		
Marketing Contact (primary and secondary)	Serves as the ACO's primary point of contact for marketing materials and activities provided on behalf of the ACO.		
Medical Director*	This senior-level position is held by a board-certified physician who is licensed in the state where an ACO operates and is physically present on a regular basis at any clinic, office, or other location of the ACO, an ACO participant, or an ACO provider/supplier. This person provides leadership and oversight of the ACO's clinical management and is familiar with the ACO's organizational culture and day-to-day operations.		
Primary Contact	Serves as the ACO's point of contact for the public about the ACO. This		

Contact Type	ACO Contact Description	This contact has administrative privileges in ACO-MS: They can edit or delete invited ACO users.	This contact is designated to electronically sign documents on behalf of the ACO.
(Public Usage)*	person must be accessible by phone or email. CMS may share this contact with other ACOs to resolve overlaps.		
Quality Contact (primary and secondary)	Serves as the ACO's primary point of contact for Shared Savings Program quality activities.		
Optional Contacts			
Application Contact (secondary)	Serves as the secondary point of contact for the ACO's application to participate in the Shared Savings Program.	X	
IT Contact (secondary)	Serves as the ACO's secondary point of contact for data transfers between the ACO and CMS.		
Other Contact	One or more individuals supporting the ACO who do not have any of the responsibilities described in the contact definitions above.		

*CMS includes this contact in the Public Use Files on CMS.gov.

Published Resource Available



Additional individuals who need access to the QPP website may be invited to obtain the QPP Security Official or QPP Staff User role. For a full list of functions that users with the QPP roles can perform in the QPP website, refer to the tip sheet.