

ACO Application Checklist

| Tab | Requirement | Responsible Party | Documents | Status |
|---|---|-------------------|-----------|--------|
| Governance/Leadership Requirements | | | | |
| 1. | Evidence that the ACO is recognized as a legal entity in _____ (the State in which it was established) and that it is authorized to conduct business in _____, _____, _____ (each State in which it operates). (19540-19541, 19543; 42 CFR § 425.5(d)(7)(ii)) | | | |
| 2. | Evidence that the governing body is a separate legal entity. (19643; 42 CFR § 525.5(d)(8)(v)(C)) | | | |
| 3. | Description of the ACO's organizational and management structure, including: <ul style="list-style-type: none"> • an organizational chart, • a list of committees (including names of committee members) and their structures, and • job descriptions for senior administrative and clinical leaders. (19543, 19643, 19644; 42 CFR § 525.5(d)(9)(ix)(C)) | | | |
| 4. | Evidence that the ACO has a board-certified physician as the ACO's medical director. The medical director must be licensed in the State in which the ACO resides. (19543, 19644; 42 CFR § 525.5(d)(9)(ix)(D)) | | | |
| 5. | Evidence that the ACO's leadership structure identifies an individual to serve as the ACO's principal CMS liaison. (18543, 19644; 42 CFR § 525.5(d)(9)(ix)(D)). | | | |
| 6. | Evidence that the governing body includes persons who represent ACO participants, and that these representatives hold at least 75% control of the governing body. (19543, 19644; 42 CFR § 525.5(d)(9)(ix)(E)) | | | |
| 7. | Evidence of patient involvement in ACO governance. (19645, 42 CFR § 425.5(d)(15)(ii)(B)(2)) | | | |

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| 8. | A description of how the ACO will partner with community stakeholders. ACOs that have a community stakeholder organization serving on their governing body would be deemed to have satisfied this criterion. (19541, 19644; 42 CFR § 525.5(d)(9)(ix)(H)) | | | |
| 9. | Upon request from CMS, documents effectuating the ACO's formation and operation, including: charters, by-laws, articles of incorporation, and partnership, joint venture, management, or asset purchase agreements. (19543, 19644; 42 CFR § 525.5(d)(9)(ix)(F)) | | | |
| Compliance and Quality | | | | |
| 10. | Request for beneficiary claims data (if desired). If beneficiary claims data is requested, include a description of how the ACO intends to use these data to: <ul style="list-style-type: none"> • evaluate the performance of ACO participants and ACO providers/suppliers, • conduct quality assessment and improvement activities, and • conduct population-based activities to improve the health of its assigned beneficiary population. (19557, 19652; 42 CFR § 425.19(d)(1)) | | | |
| 11. | Documentation of the ACO's plans to promote evidence-based medicine, including a description of the evidence-based guidelines the ACO intends to establish, implement, and periodically update. (19547; 19545-46; 42 CFR § 425.5(d)(9)(ix)(A); (42 CFR § 425.5(d)(15)(i)) | | | |
| 12. | Documentation of the ACO's plans to promote beneficiary engagement, including a description of the patient engagement processes the ACO intends to establish, implement and periodically update. (19546, 19645; 42 CFR § 425.5(d)(15)(i)) | | | |

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| 13. | Documentation of the ACO's plans to internally report quality and cost metrics, including a description of the process to report internally on quality and cost measures, how the ACO will use this process to meet the needs of the ACO's Medicare population and make modifications in the ACO's care delivery. (19546, 19645; 42 CFR § 425.5(d)(15)(i)) | | | |
| 14. | Documentation of the ACO's plans to coordinate care. (19546, 19645; 42 CFR § 425.5(d)(15)(i); 42 CFR § 425.5(d)(15)(ii)(B)(5)) | | | |
| 15. | A copy of the ACO's compliance plan or documentation describing the plan that will be put in place at the time the ACO's agreement with CMS becomes effective. (19552, 19644; 42 CFR § 425.5(d)(9)(ix)(G)) | | | |
| 16. | Description of the scope and scale of the quality assurance and clinical integration program, including documents that describe all relevant clinical integration program systems and processes, such as the internal performance standards and the processes for monitoring and evaluating performance. (19543, 19644; 42 CFR § 425.5(d)(9)(ix)(B)) | | | |
| 17. | Description of the beneficiary experience of care survey (using the Clinician and Group CAHPS survey, including an appropriate functional status survey module) and how the ACO will use the results to improve care over time. (19548-19549, 19645; 42 CFR § 425.5(d)(15)(ii)(B)) | | | |
| 18. | Description of the ACO's process for evaluating the health needs of the ACO's population, including considerations of diversity and a plan to address the needs of the ACO's Medicare population. (19548, 19550; 42 CFR § 425.5(d)(15)(ii)(B)(3)) | | | |
| 19. | Description of the ACO's individualized care program, along with sample care plans and an explanation of how this program is used to promote improved outcomes for, at minimum, the ACO's high-risk and multiple chronic care patients; describe additional populations that would benefit from individualized care plans (19548, 19551; 42 CFR § 425.5(d)(15)(ii)(B)(4)) | | | |

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| 20. | Written standards for beneficiary access and communication, which must include ACO's process for beneficiaries to access their medical record (19548, 19644; 42 CFR § 425.5(d)(9)(ix)(I); 42 CFR § 425.5(d)(15)(ii)(B)(8)) | | | |
| Shared Savings and Losses, Repayment Obligations | | | | |
| 21. | Description of how the ACO's proposed plan will distribute savings, including: <ul style="list-style-type: none"> the criteria the ACO plans to employ for distributing shared savings among participants, how the ACO will achieve the specific goals of the MSSP, how the ACO will achieve the general aims of better health for populations, and lower growth of expenditures. (19544-19545, 19644; 42 CFR § 425.5(d)(11)) | | | |
| 22. | Documentation of the ACO's ability and mechanism (reinsurance, escrowed funds, surety bonds, letter of credit that the Medicare program can draw upon, another appropriate repayment mechanism) to ensure repayment of any losses to the Medicare program. Required in initial application for both one- and two-sided models. (10615, 19623, 19643; 42 CFR § 425.5(d)(6)((B)(iv)) | | | |
| 23. | Provide copies of signed agreements with ACO participants establishing their liability, including the percentage of shared losses that each ACO participant would be responsible for. (19622) | | | |
| Anti-Trust Analysis | | | | |
| 24. | Letter from the reviewing Antitrust Agency confirming no present intent to challenge or recommend challenging proposed ACO. Required for any ACO with a PSA share above 50 percent for any common service that two or more ACO participants provide to patients from same PSA (except those who qualify for rural exception). (19629, 19631, 19642, 19653; 42 CFR § 425.21(a)(3)(iii)) | | | |

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| ACO Participants' Rights and Obligations | | | | |
| 25. | <p>ACO documents (for example, participation agreements, employment contracts, and operating policies) that describe:</p> <ul style="list-style-type: none"> • ACO participants' and ACO providers/suppliers' rights and obligations in the ACO, • the shared savings that will encourage ACO participants and ACO providers/suppliers to adhere to the quality assurance and improvement program, and • evidenced-based clinical guidelines. <p>(19543, 19644; 42 CFR § 425.5(d)(9)(ix)(A))</p> | | | |
| 26. | <p>Certification by an ACO executive who has the authority to bind the ACO that ACO participants are willing to become accountable for, and to report to CMS on, the quality, cost, and overall care of ACO beneficiaries. (19544, 19552, 19642; 42 CFR § 425.5(d)(1))</p> | | | |
| 27. | <p>Provide copies of signed agreements with ACO participants establishing their liability, including the percentage of shared losses that each ACO participant would be responsible for. (19622)</p> | | | |
| 28. | <p>Upon request from CMS, descriptions of the remedial processes that will apply if an ACO participant or an ACO provider/supplier fails to comply with the ACO's internal procedures and performance standards, including a CAP and the circumstances under which expulsion from the ACO could occur. (19543, 19644; 42 CFR § 525.5(d)(9)(ix)(F)(8))</p> | | | |