

No.	Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Supporting Documentation Required	File No.	File Naming Convention
-	1 – Contact Information: Address and Contacts	Check that this information is correct. This section is partially pre-populated from the information you gave us in your Notice of Intent to Apply. If it's not correct, send us an e-mail with the correct information. Complete all additional fields.	N/A	N/A	No		
-	2 – General Information: Applicant	Check that this information is correct. This section is pre-populated from the information you gave us in your Notice of Intent to Apply. If it's not correct, send us an e-mail with the correct information. Complete all additional fields.	N/A	N/A	No		
-	2- General Information: Composition of ACO participants eligible to form the ACO	Check that this information is correct. This section is pre-populated from the information you gave us in your Notice of Intent to Apply. If it's not, send us an e-mail with the correct information. These categories represent ACO participants that are eligible to form an ACO. Your ACO must be composed of at least one of the choices listed. Select the one(s) that best represents your organization.	67975	§425.102	No		
-	2 – General Information: Medicare Shared Savings Program Track	This section is pre-populated from the information you gave us in your Notice of Intent to Apply. Check that your choice of Track 1 or Track 2 from the Notice of Intent to Apply is correct. If it's not, send us an e-mail with the correct information.	67978	§425.204(e)(1)	No		

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-	2 – General Information: ACO Taxpayer Identification Number (TIN)	<p>This section is pre-populated from the information you gave us in your Notice of Intent to Apply. Confirm your ACO’s Taxpayer ID Number (TIN) used to establish the ACO as a legal entity. This is the TIN that will be responsible for all regulatory requirements, will receive and distribute shared savings to your ACO participants, and, under Track 2, it will be responsible for paying shared losses.</p> <p>Check that this information is correct. If it’s not, send us an e-mail with the correct information.</p>	67975 & 67978	§425.104 & §425.204	No		
-	2 – General Information: Date of Formation	<p>This is the date on which the ACO’s legal entity was established. Check that this information is correct. This section is pre-populated from the information you gave us in your Notice of Intent to Apply. If it’s not, send us an e-mail with the correct information.</p>	67975 & 67978	§425.104 & §425.204	No		
-	2 – General Information: Your business structure	<p>Check that this information is correct. This section is pre-populated from the information you gave us in your Notice of Intent to Apply. If it’s not, send us an e-mail with the correct information. If you select Other, please specify the type of legal entity.</p>	67975 & 67978	§425.104 & §425.204	No		
-	2 – General Information: Tax Status	<p>Check that this information is correct. This section is pre-populated from the information you gave us in your Notice of Intent to Apply. If it’s not, send us an e-mail with the correct information. If you select Other, please specify the type of tax status.</p>	67975 & 67978	§425.104 & §425.204	No		

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1	3 – Jointly Negotiated Contracts	<p>Confirm whether your ACO has entered into any contracts with private payors prior to March 23, 2010.</p> <p>An ACO is not newly formed if it is comprised solely of providers who jointly negotiated or jointly signed any contracts with private payor(s), on or before March 23, 2010.</p> <p>An ACO is not newly formed if it includes providers who were not part of joint negotiations or joint contracting prior to March 23, 2010.</p> <p>Please review the Federal Trade Commission (FTC) and Department of Justice’s (DoJ) Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program</p>	67977 & the Antitrust Policy Statement	§425.202(a)(3) & the Antitrust Policy Statement	No		
2	4 – Legal Entity: Overview of ACO’s history, mission and organization	Submit a narrative giving us the background of who your ACO is and how and why your ACO was established. This should include your goals and any ACO affiliations you may have.			Yes	1	Axxxx_History_mmddyy.pdf
3	4 – Legal Entity: Recognized Legal Entity	Indicate if your ACO is recognized as a legal entity under State, Federal or Trial law and authorized to do business in each State in which it operates.	67975 & 67978	§425.104 & §425.204	No		
4	4 – Legal Entity: Legal Entity Formation	Indicate if your ACO is formed from multiple, otherwise independent ACO participants.	67975 & 67978	§425.104 & §425.204	No		

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5	4 – Legal Entity: Certify Separate Legal Entity	If you answered YES to question 4, you must certify that your ACO is a separate legal entity from the individual ACO participants.	67975 & 67978	§425.104 & §425.204	No		
6	4 – Legal Entity: ACO Separate Legal Entity Status	If you answered NO to question 4, you are not required to have a separate legal entity for your ACO. Indicate if your ACO has chosen to have a separate legal entity that it may use in the future.	67975 & 67978	§425.104 & §425.204	No		
7	4 – Legal Entity: Legal Entity Documentation	Indicate if you have available all applicable documents that prove the ACO was formed and operating legally. For example, you may be asked to provide to us <ul style="list-style-type: none"> • charters, • by-laws, • articles of incorporation, • partnership, joint venture, management or asset purchase agreements, • financial statements and records, • resumes and other documentation required for leaders of the ACO. 	67978 & the Antitrust Policy Statement	§425.204 & the Antitrust Policy Statement	No		
8	4 – Legal Entity: Organization Structure	Submit your organizational chart showing the flow of responsibility from the ACO’s governing body. This chart should also include the names, titles and responsibilities of your ACO’s key personnel.	67978	§425.204(c)(1)(i ii)	Yes	2	Axxxx_OrgGov-OrgChart_mmddyy.pdf

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9	5 - Governing Body	<p>Indicate if your ACO has an identifiable governing body with authority to execute the functions of your ACO as defined in the regulations at 42 CFR Part 425.</p> <p>If you select YES you are certifying that:</p> <p>a. The governing body must have responsibility for oversight and strategic direction of the ACO, holding ACO management accountable for the ACO's activities as described in this part.</p> <p>b. The governing body must have a transparent governing process.</p> <p>c. The governing body members must have a fiduciary duty to the ACO and must act consistent with that fiduciary duty.</p> <p>d. The governing body of the ACO must be separate and unique to the ACO in cases where the ACO comprises multiple, otherwise independent ACO participants. If the ACO is an existing entity, the ACO governing body may be the same as the governing body of the existing entity as long as it satisfied the requirements in a., b. and c. above.</p>	67975	§425.106	No		
10	5 - Governing Body: Meaningful Participation	<p>Indicate if your ACO provides for meaningful participation in the composition and control of the ACO's governing body for ACO participants or designated representatives.</p>	67975	§425.106	No		

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11	5 - Governing Body: 75% participant control	<p>Indicate whether your ACO participants have at least 75% control of the governing body.</p> <p>If NO, describe why you seek to differ from this requirement and explain, with supporting documentation, if appropriate, how your ACO will involve ACO participants in ACO governance.</p>	67975 & 67978	§425.106 & §425.204	Dependent upon your response to the question	3	Axxxx_OrgGov-GovBody_mmddyy.pdf
12	5 - Governing Body: Including a Medicare beneficiary	<p>Indicate whether your governing body includes one or more Medicare beneficiaries who are served by the ACO, who do not have a conflict of interest with your ACO, and who have no immediate family with a conflict of interest.</p> <p>One example of a conflict of interest would be a Medicare beneficiary who is also an ACO Participant or whose immediate family member is an ACO Participant.</p> <p>If NO, describe why you seek to differ from this requirement and explain with supporting documentation, if appropriate, how your ACO will ensure meaningful participation in ACO governance by Medicare beneficiaries.</p>	67975 & 67978	§425.106 & §425.204	Dependent upon your response to the question	4	Axxxx_OrgGov-GovBodyBene_mmddyy.pdf
13	5 - Governing Body: Conflict of interest policy	<p>Indicate whether a conflict of interest policy exists for the governing body. Please note that the conflict of interest policy must meet the requirements specified in the regulations.</p>	67975 & 67978	§425.106 & §425.204	No		

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14	5 - Governing Body: Template	<p>Please use the Governing Body Template and the help document to identify:</p> <ul style="list-style-type: none"> a. All governing body members b. The position each member holds for example, Chairman, Secretary, Voting Member, etc. c. The voting power of each member d. Indicate which ACO participant the member represents; or indicate if the member is a Medicare beneficiary, community stakeholder representative, or other. 	67975 & 67978 & 67981	§425.106 & §425.204 & §425.308(c)(3)	Yes	5	Axxxx_OrgGov-GovTemplate_mmddyy.pdf
15	6 - Leadership and Management: Operations Management	<p>Indicate whether your operations are managed by an executive, officer, manager, general partner, or similar party whose appointment and removal are under the control of the ACO's governing body, and whose leadership team has demonstrated the ability to influence or direct clinical practice to improve efficiency processes and outcomes.</p> <p>If NO, describe how you manage the operations of the ACO, and how this alternate leadership and management structure accomplishes the ACO's mission.</p>	67976 & 67977	§425.108 & §425.204	Dependent upon your response to the question	6	Axxxx_OrgGov-LeadMgtOps_mmddyy.pdf
16	6 - Leadership and Management: Clinical Management and Oversight	<p>Indicate whether your ACO's clinical management and oversight is managed by a senior-level medical director who is a physician and one of the ACO providers/suppliers, who is physically present on a regular basis at any clinic, office, or other location participating in the ACO, and who is a board-certified physician and licensed in a State in which the ACO operates.</p>	67976 & 67977	§425.108 & §425.204	Optional - if you indicated NO in your application.	7	Axxxx_OrgGov-LeadMgtClinMgt_mmddyy.pdf

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17	6 - Leadership and Management: Compliance Plan	<p>Indicate if your ACO has a compliance plan that includes at least the following elements:</p> <ul style="list-style-type: none"> a. A designated compliance official or individual who is not legal counsel to the ACO and reports directly to the ACO's governing body. b. Means for identifying and addressing compliance problems related to the ACO's operations and performance. c. A method for employees or contractors of the ACO, ACO participants, ACO providers/suppliers, or for other entities performing functions or services related to ACO activities, to report anonymously suspected problems to the compliance officer. d. Compliance training for the ACO, ACO participants, and ACO providers/suppliers. e. A requirement for the ACO to report probable violations of law to an appropriate law enforcement agency. 	67980 & 67977	§425.300 & §425.204	No		
18	7 - Participation: Current	<p>Indicate if your ACO or any ACO participants, under the same or different name, currently participate in any Medicare initiative involving a shared savings arrangement.</p> <p>If NO, you are certifying that neither your ACO nor any of your ACO participants currently are participating in any other Medicare initiative involving shared savings.</p> <p>If YES, indicate all program(s) that apply.</p>	67977	§425.114	No		

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19	7 – Participation: Future	<p>Indicate if participation in the program(s) will be completed by the start date for which you are applying. By selecting YES, you certify that neither your ACO nor any of your ACO participants will participate concurrently in Medicare shared savings programs.</p> <p>Applications containing ACO participants who will have concurrent participation in both the Shared Savings Program and another Medicare initiative involving shared savings will be denied.</p>	67977	§425.114	No		
20	8 - Shared Savings	<p>Submit a narrative telling us how you plan to use shared savings. Tell us:</p> <p>a. How your ACO will share savings with ACO Participants and ACO Provider and Suppliers, or will you reinvest in the ACO’s infrastructure, redesign processes of care, etc.</p> <p>b. The percentage of the shared savings allocated to each category. Tell us if you plan to distribute shared savings among ACO participants and providers/supplier. Describe specifically how you will distribute payments.</p> <p>c. A description of how this plan will achieve your specific goals for the Shared Savings Program and how this plan will achieve better care for individuals, better health for populations and lower growth in expenditures.</p>	67978	§425.204(d)	Yes	8	Axxxx_Finance-ShareSav_mmddyy.pdf

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-	1 – General Information: Repayment Mechanism	<p><i>*This information appears on the Basic Agreement screen in HPMS.</i></p> <p>If you select "Alternative Repayment Mechanism" you must submit a narrative describing your proposed alternative for our evaluation and approval.</p> <p>Before starting your agreement, you must submit documentation to support adequacy of the repayment mechanism you selected. The repayment mechanism must be capable of repaying an amount of shared losses or other monies owed to CMS equivalent to at least 1 percent of total per capita Medicare Parts A and B fee-for-service expenditures for your assigned population based on expenditures for the most recent performance year or expenditures used to establish the benchmark. If you elect to use a repayment mechanism that is different from the ones listed, attach a narrative describing the repayment mechanism and submit to us for approval.</p> <p>Applicants to Track 2 must update the adequacy of the repayment mechanism on a yearly basis.</p>	67978-79	§425.204(f)	Optional - if you elected interim payment.	9	Axxxx_Finance-Repay_mmdyy.pdf

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21	8 - Banking Information	<p>Mail completed EFT Form CMS 588 with the original signature and voided check using an expedited and tracked mail service such as certified mail, Federal Express or United Parcel Service to:</p> <p>Centers for Medicare & Medicaid Services 7500 Security Blvd OFM/FSG/DFSE Mail Stop N3 04 07 Baltimore, MD 21244-1850 Attention: Ed Berends</p>	67975	§425.104	Send by tracked mail		
22	9 - ACO Participants	<p>Read the guidance we issued around applicants, participants and agreements.</p> <p>You must list all of your ACO participants including their Taxpayer Identification Number (TIN). This list of TINs represents all of your ACO participants. In addition, all of the TINs have joined to form the ACO and certify that they are accountable for the quality, cost and overall care of the ACO's beneficiaries. They also attest to comply with the requirements of the program under 42 CFR Part 425.</p> <p>If your ACO contains FQHC's and RHC's, you may be required to supply us with additional ACO provider/supplier information.</p> <p>Do not submit any ACO participant TINs that have not signed an ACO Participation Agreement with your ACO.</p> <p>Use the Participant List instructions to submit your ACO Participant List Template.</p>	67978	§425.204(c)(5)	Yes	10	<p>Required File Format: ASCII File - Tab Delimited. Filename extension must be .TXT</p> <p>Axxxx_Provider-ParticipantList_mmddyy.txt</p>

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23	9 - ACO Participants: Meaningful Commitment	Indicate if each of your ACO participants and providers/suppliers demonstrate a “meaningful commitment” to your ACO’s mission and its likely success.	67976	§425.108(d)	No		
24	9 - ACO Participants: Merged or Acquired TINs	<p>Indicate if your ACO includes any TINs that have been added through a merger or acquisition into your ACO Participant TIN within the 3 benchmarking years?</p> <p>If YES, you attest that:</p> <ul style="list-style-type: none"> a. All ACO provider/suppliers have reassigned their billing to an ACO participant TIN. b. The acquired TIN is no longer used for billing purposes. <p>AND you must submit the following:</p> <ul style="list-style-type: none"> a. The acquired TIN(s) on your ACO Participant List Template b. An attestation stating the following: <ul style="list-style-type: none"> • Which ACO Participant merged with or acquired the TIN. • All ACO providers/suppliers that previously billed under the acquired TIN have reassigned their billing to the current ACO Participant • The acquired TIN is no longer in use. c. Supporting documents, such as a Bill of Sale or Merger Agreement, that show that the TIN in question was acquired by a sale or merger. You do not need to submit the entire document. Submit a PDF of the signed pages as well as the ones that specifically reference the entities acquired. 			optional	11	Axxxx_AcqTINsdocs_mmddyy.pdf

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25	9 - ACO Participants: Employment Agreements	<p>If you answered NO to questions 4 and 6, indicate if your ACO provider/suppliers are employed by the ACO and if they are required to participate in the Medicare Shared Savings Program.</p> <p>If you answered YES to question 25, you certify that once accepted into the program, you will notify each and every ACO provider/supplier of their participation in the Medicare Shared Savings Program. Submit copies of all of the employment agreements you have with your ACO providers/suppliers. Skip to question 28.</p> <p>If you answered NO or N/A to question 25, continue with question 26.</p>	67975, 67977, 67978, 67979	§425.204(c)(1)(i)) §425.104, & §425.204 & §425.210	Yes	12	Axxxx_Provider-Agreement_mmddyy.pdf

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26	9 - ACO Participants: ACO Participation Agreements	<p>Submit sample agreements you are using currently between your ACO and the ACO Participants (TINs), ACO providers/suppliers and other entities furnishing services or performing functions related to ACO activities. All ACO participants, providers/ suppliers must agree to comply with the requirements and conditions of the program as well as all laws and regulations set forth in 42 CFR Part 425.</p> <p>Submit the ACO Participation Agreement template to identify the location of the following in your agreements:</p> <ul style="list-style-type: none"> • ACO Participant and ACO providers/suppliers will abide by the regulations set forth in 42 CFR Part 425. • The ACO Participants' and ACO provider/suppliers' rights and obligations in and representation by the ACO. • How shared savings will encourage adherence to quality assurance and improvement programs as well as evidence-based clinical guidelines. • Remedial processes that will apply if the ACO Participant and ACO provider/suppliers are non-compliant. 	67975, 67977, 67978, 67979	§425.204(c)(1)(i)) §425.104, & §425.204 & §425.210	Yes	13	Axxxx_Sample-Agreements_mmddyy.pdf
27	9 - ACO Participants: Medicare Referrals	Indicate if your ACO Participation Agreements require referrals of beneficiaries to ACO participants, providers/suppliers, under circumstance other than those allowed for by regulations.	67981	§425.304(c)	No		

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28	9 - ACO Participants: Executed ACO Participation Agreements	<p>Complete the Executed Agreements template using the Executed Agreements instructions</p> <p>AND</p> <p>Submit a PDF of each of the signed ACO Participation Agreements for every ACO Participant entered on your ACO Participant List. You do not need to send the entire agreement in PDF; the first page and the signature page will suffice.</p> <p>If you do not provide this information, we will not include the ACO Participant TIN in your ACO Participant List.</p>	67975, 67977, 67978, 67979	§425.204(c)(1)(i) §425.104, & §425.204 & §425.210	Yes	14 14A	<p>Axxxx_ExecutedAgreementTemplate.mmddyy.pdf</p> <p>AND</p> <p>Axxxx_InsertACOParticipantLegalNameHere].mmddyy.pdf</p>
29	10 - Data Sharing: Requesting Personally Identifiable Information	<p><i>If you select YES to any of the Data Sharing questions and we approve your application for participation in the Shared Savings Program you must sign our Data Use Agreement.</i></p> <p>Indicate if you are requesting personal information from beneficiaries in order to generate your ACO's benchmark (e.g., date of birth, name, sex, Health Insurance Claim Number.)</p>	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	No		
30	10 - Data Sharing: Requesting Beneficiary Identifiable Claims Data	Indicate if you will request beneficiary identifiable Part A, Part B and/or Part D claims data.	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	No		

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31	10 - Data Sharing: HIPAA	If you answered YES to questions 29 or 30, you must certify that you are a HIPAA-covered and you are requesting the minimum data necessary for you to conduct your business.	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	No		
32	10 - Data Sharing: Privacy and Usage	<p>If you answered YES to questions 29 or 30 submit a narrative describing the following:</p> <ul style="list-style-type: none"> • How you will ensure privacy and security of data. • How you will use this data: <ul style="list-style-type: none"> • To evaluate the performance of ACO participants, providers/suppliers. • To conduct quality assessment and improvement • To conduct population-based activities to improve health in the beneficiary population 	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	Optional - if you indicated YES in your application.	15	Axxxx_DataSharing_mmddyy.pdf
33	11 – Clinical Processes and Patient Centeredness : Quality Assurance and Improvement	<p>Identify if you have a qualified health care provider in your ACO who is responsible for quality assurance and improvement program that includes the four required processes:</p> <ol style="list-style-type: none"> a. Promoting evidence-based medicine b. Promoting beneficiary engagement c. Reporting internally on quality and cost metrics d. Coordinating care 	67976-78	§425.112 & §425.204	No		

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34	11 – Clinical Processes and Patient Centeredness : Quality Assurance and Improvement	Submit a narrative explaining how you and your participants, providers/suppliers will comply with and implement quality assurance and improvement programs in regards to the four required processes listed in number 33. In your narrative, be sure to include the remedial processes and penalties that will apply if your participants, providers/suppliers are not compliant.	67976-77 & 67978	§425.112 & §425.204	Yes	16	Axxxx_Proces-RptQuality_mmddyy.pdf
35	11 – Clinical Processes and Patient Centeredness : Promoting Evidence-based Medicine	Submit a narrative explaining how you define, establish, implement, evaluate, and periodically update your evidence-based medicine processes. This process should cover diagnoses with significant potential for you to achieve quality improvements, taking into account the circumstances of individual beneficiaries. In addition, you must include in your narrative the internal assessments you use to improve your ACO's care practices.	67976 67978	§425.112 & §425.204	Yes	17	Axxxx_Proces-EvidenceBased_mmddyy.pdf

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36	11 – Clinical Processes and Patient Centeredness : Promoting Beneficiary Engagement	<p>Submit a narrative explaining how you define, establish, implement, evaluate, and periodically update your processes to promote beneficiary engagement. Describe how the applicant intends to address the following areas:</p> <ul style="list-style-type: none"> a. Evaluate the health needs of your assigned population including consideration of diversity in its patient population and a plan to address the needs of its population. This plan should include a description of how the ACO intends to partner with community stakeholders to improve the health of its population; b. Communicate clinical knowledge/evidence-based medicine to beneficiaries in a way that is understandable to them; c. Engage beneficiaries in shared decision-making that takes into account the beneficiaries’ unique needs, preferences, values, and priorities; and d. Write standards for beneficiary access and communication, and a process to access their medical records. e. Use the internal assessments of these processes to improve continuously the ACO's care practices. 	67976-77 & 67978	§425.112 & §425.204	Yes	18	Axxxx_Proces-BeneEngage_mmddy.pdf

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37	11 – Clinical Processes and Patient Centeredness : Internally Reporting on Quality and Cost Metrics	Submit a narrative explaining how you define, establish, implement, evaluate, and periodically update your processes and infrastructure to internally reporting on quality and cost metrics. Tell us how this enables you to monitor, provide feedback, and evaluate ACO participant and provider/supplier performance. Also describe how you use these results to improve care and service over time. Your narrative should also include your internal assessment processes that enable you to continuously improve the ACO's care practices.	67976-77 & 67978	§425.112 & §425.204	Yes	19	Axxxx_Proces-RptQuality_mmddyy.pdf
38	11 – Clinical Processes and Patient Centeredness : Promoting Coordination of Care	Submit a narrative describing how you define, create, put into place, evaluate, and periodically update your care coordination process. Your narrative must include: a. Your methods to coordinate care throughout an episode of care and during care transitions, such as discharge from a hospital or transfer of care from a primary care physician to a specialist (both inside and outside the ACO). b. Your individualized care program, along with a sample individual care plan, and explain how you use this program to promote improved outcomes for, at a minimum, high-risk and multiple chronic-condition patients. c. How individual care plans take into account the community resources available to beneficiaries. d. Additional target populations that would benefit from individualized care plans. e. How you use internal assessments of this process to continuously improve the ACO's care practices.	67976-77 & 67978	§425.112 & §425.204	Yes	20	Axxxx_ProcesCoorCare_mmddyy.pdf

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-		<p>Your signature legally and financially binds your ACO to the applicable laws and regulations of the Medicare program. By your signature, you are certifying that the information contained in the application is true, correct, and complete and are authorizing CMS to verify the information. If you become aware of any of the information in the application is not true, correct, or complete, you are agreeing to notify CMS immediately and provide the correct and/or complete information. If your ACO is newly formed according to the definition in the Antitrust Policy Statement, you understand and agree that CMS will share the content of this application, including all information and documents submitted with this application, with the FTC and DoJ.</p> <p>You must select I agree to certify your application.</p>	67977	§425.202	No		