



# Advance Investment Payments Guidance

May 2025 | Version 3



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## REVISION HISTORY – VERSION 3

Revised Section/Description of Revision	Link to Section Affected
Roles for Community-based Organizations: Section removed to align with the removal of the AIP at a Glance for CBOs.	Section 5.3
Public Reporting: Minor update to link the Public Reporting Instructions and Template.	<a href="#">Section 6.1</a>
Report Updates to CMS: New section added to provide guidance on the requirement for ACOs to report updates to their AIP spend plan to CMS.	<a href="#">Section 6.2</a>
Compliance Monitoring: Minor proposed update to align with the AIP Eligibility Compliance Monitoring Strategy.	<a href="#">Section 6.3</a>
Termination: This update includes policy provisions as finalized in the 2025 Physician Fee Schedule Final Rule.	<a href="#">Section 6.5</a>

## Table of Contents

1	Overview.....	4
2	Eligibility.....	5
3	Program Eligibility Definitions .....	5
4	Application Process .....	6
4.1	Phase 1.....	7
4.1.1	Participation Options Report .....	7
4.2	Phase 2.....	8
5	Advance Investment Payments .....	10
5.1	Advance Investment Payment Calculation .....	11
5.1.1	How ACO Quarterly Payments Are Calculated .....	11
	Step 1:.....	11
	Step 2:.....	12
	Step 3:.....	12
	Step 4:.....	12
5.2	Advance Investment Payment Uses .....	13
6	AIP Participation .....	16
6.1	Public Reporting Requirements .....	16
6.2	Report Use of Advance Investment Payments to CMS .....	16
6.3	Monitoring of AIP Eligibility .....	17
6.4	ACO Signing Event .....	17
6.5	Termination of Advance Investment Payments .....	17
6.6	Recoupment of Advance Investment Payments and Notice of Bankruptcy .....	18
6.6.1	Recoupment.....	18
6.6.2	Notice of Bankruptcy .....	19

# 1 Overview

CMS finalized policies at [42 CFR § 425.630](#) to offer a new payment option in the Medicare Shared Savings Program (Shared Savings Program), known as Advance Investment Payments (AIP). The AIP payment option 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 and to provide additional resources to such ACOs to support care improvement for underserved beneficiaries. Advance investment payments will provide an opportunity for entities in rural and underserved areas to join together to form ACOs, build the infrastructure needed to succeed in the Shared Savings Program, and holistically address beneficiary needs, including social needs.

Advance investment payments are designed to encourage new ACOs to join the Shared Savings Program and support their success by providing upfront payments to offset the additional start-up and ongoing costs often required of new ACOs. These investments in care delivery and quality often pose a significant financial burden to small organizations, including those delivering care in underserved areas and organizations that serve medically complex patients. By offering AIP, CMS seeks to encourage health care providers in rural and underserved areas to join together to form ACOs.

## AIP Uses and Requirements

An ACO must use advance investment payments to improve the quality and efficiency of items and services furnished to beneficiaries by investing in increased staffing, health care infrastructure, and the provision of accountable care for underserved beneficiaries, which may include addressing social determinants of health. ACOs must also publicly report on their website the amount of any advance investment payments received and the actual amount spent in each of the spend plan categories.

Eligible ACOs that want to receive advance investment payments must submit complete supplemental information to CMS as part of their application to participate in the Shared Savings Program, in accordance with [42 CFR § 425.630\(d\)](#) and as described in further detail in this document. To receive these payments, an ACO must be a new applicant to the Shared Savings Program, indicate interest in AIP as part of its initial application, and receive final approval to participate in the Shared Savings Program from CMS. CMS will monitor ACOs receiving advance investment payments to ensure they maintain their eligibility during program participation and comply with all applicable Shared Savings Program requirements.

Advance investment payments are a pre-payment of shared savings that the ACO is expected to generate by succeeding in the Shared Savings Program. CMS will recoup advance investment payments once the ACO achieves shared savings in the current agreement period and, if a balance persists, in subsequent agreement periods.

If the ACO does not achieve shared savings, CMS will not recoup advance investment payments, unless the ACO terminates its participation in the Shared Savings Program in the first agreement period or is involuntarily terminated, in which case the ACO must repay all advance investment payments received.

## 2 Eligibility

The eligibility criteria to receive advance investment payments may be found in the regulation at [42 CFR § 425.630\(b\)](#). To be eligible to receive advance investment payments, an ACO during the Shared Savings Program applicable application cycle must:

- ✓ Be a new applicant to the Shared Savings Program; not a renewing ACO or re-entering ACO (as defined under [42 CFR § 425.20](#)).
- ✓ Apply to participate in and be determined by CMS to be eligible to participate in the Shared Savings Program. This includes meeting the 5,000-beneficiary assignment minimum as defined under [42 CFR § 425.110\(a\)](#) and all other applicable Shared Savings Program requirements.
- ✓ Be inexperienced with performance-based risk Medicare ACO initiatives during the ACO's first two performance years and participate in the BASIC track's glide path as follows:
  - ☑ For Performance Year (PY) 1, the ACO must participate in Level A of the BASIC track's glide path.
  - ☑ For PY 2, the ACO may participate in Level A of the BASIC track's glide path (in accordance with [42 CFR § 425.600\(a\)\(4\)\(i\)\(C\)\(3\)](#)) or progress to Level B.
  - ☑ For PYs 3 through 5, the ACO may participate in Level A of the BASIC track's glide path (pursuant to 42 CFR § 425.600(a)(4)(i)(C)(3)) or progress to Levels B through E.
- ✓ Be a low revenue ACO (as defined under [42 CFR § 425.20](#)).

## 3 Program Eligibility Definitions

**Renewing ACO:** As defined at [42 CFR § 425.20](#), renewing ACOs are not eligible for AIP. A renewing ACO is an ACO whose participation agreement expired and that immediately enters a new agreement period to continue its participation in the program, or an ACO that terminated its current participation agreement under [42 CFR § 425.220](#) and immediately enters a new agreement period to continue its participation in the Shared Savings Program.

**Re-entering ACO:** As defined at [42 CFR § 425.20](#), re-entering ACOs are not eligible for AIP. A re-entering ACO is an ACO that meets one of the following descriptions:

- a) The ACO is the same legal entity that previously participated in the Shared Savings Program and is applying to participate in the Shared Savings Program after a break in participation because it is either a) an ACO whose participation agreement expired without having been renewed, or b) an ACO whose participation agreement was terminated under [42 CFR § 425.218](#) or [42 CFR § 425.220](#).
- b) The ACO is a new legal entity that has never participated in the Shared Savings Program and is determined by CMS to be re-entering because more than 50 percent of its ACO

participants participated in the same Shared Savings Program ACO in any of the five most recent performance years.

**Inexperienced with performance-based risk Medicare ACO initiatives:** To be eligible for AIP, ACOs must be inexperienced with performance-based risk Medicare ACO initiatives.

As defined at [42 CFR § 425.20](#), an ACO inexperienced with performance-based risk Medicare ACO initiatives is an ACO that CMS determines meets the following requirements:

- The ACO is a legal entity that has not participated in any performance-based risk Medicare ACO initiatives and has not deferred its entry into a second Shared Savings Program agreement period under a two-sided model under [42 CFR § 425.200\(e\)](#).
- Less than 40 percent of the ACO's participants participated in a performance-based risk Medicare ACO initiative or in an ACO that deferred its entry into a second Shared Savings Program agreement period under a two-sided model under [42 CFR § 425.200\(e\)](#) in each of the five most recent performance years prior to the agreement start date. An ACO participant is considered to have participated in a performance-based risk Medicare ACO initiative if the ACO participant taxpayer identification number (TIN) was or will be included in financial reconciliation for one or more performance years under such initiative during any of the five most recent performance years.

**Performance-based risk Medicare ACO initiative:** As defined at [42 CFR § 425.20](#), a performance-based risk Medicare ACO initiative is an initiative implemented by CMS that requires an ACO to participate under a two-sided model during its agreement period. These initiatives include, but may not be limited to, Levels C through E of the BASIC track and the ENHANCED track of the Shared Savings Program, the ACO REACH Model, or any other initiatives involving two-sided risk as specified by CMS.

**Low revenue ACO:** To be eligible for AIP, the ACO must be low revenue. As defined at [42 CFR § 425.20](#), a low revenue ACO is an ACO whose total Medicare Parts A and B fee-for-service revenue of its ACO participants is less than 35 percent of the total Medicare Parts A and B fee-for-service expenditures for the ACO's assigned beneficiaries based on revenue and expenditures for the most recent calendar year in which 12 months of data are available.

## 4 Application Process

An ACO interested in AIP must complete and submit both phases of the Shared Savings Program application through the [ACO Management System \(ACO-MS\)](#) for CMS' review by the deadlines specified on the [Application Types & Timeline webpage](#). To receive advance investment payments, an ACO must meet all eligibility requirements for the Shared Savings Program in addition to all eligibility requirements for AIP. While an ACO will not submit to CMS supplemental information specifically for AIP until Phase 2 of its Shared Savings Program application, there are key elements (identified below) in Phase 1 of the Shared Savings Program application that CMS will use to determine the ACO's eligibility for the Shared Savings Program, as well as for AIP. The [Application Toolkit](#) webpage provides resources, such as the [Application Reference Manual](#), to assist with the completion of the application.

## 4.1 PHASE 1

During Phase 1 of the Shared Savings Program application, an ACO will submit required elements as part of the Shared Savings Program application for CMS' review. An ACO may receive up to two requests for information (RFI) notifications summarizing CMS' review of information submitted during Phase 1 of the Shared Savings Program application. ACOs will be able to edit their applications during the RFI response periods. Additional information regarding applying to the Shared Savings Program, including the required elements for the Phase 1 and RFI process, can be found in the [Application Toolkit](#) and the [Application Types & Timeline](#) webpage. An ACO will need to make a track and level selection for its first participation year. An ACO must elect to participate in Level A of the BASIC track to be eligible for AIP.

The revenue, risk experience, and re-entering eligibility requirements for an ACO interested in AIP ([42 CFR § 425.630\(b\)](#)) are determined by the ACO Participant List the ACO submitted for CMS' review during Phase 1 of the Shared Savings Program application. The ACO entity itself must also meet the eligibility requirements.

### Published Resource Available



Information regarding how to submit an ACO Participant List to CMS is located within the *Adding and Deleting ACO Participants in ACO-MS* tip sheet.

### 4.1.1 Participation Options Report

The *Participation Options Report* provided with each RFI during Phase 1 of the Shared Savings Program application (RFI-1 and RFI-2) will contain a preliminary AIP eligibility indicator. ACOs may review the *Participation Options Report Data Dictionary* in the Application Cycle subtab in [ACO-MS](#) for more information about understanding its *Participation Options Report*. Following the two Phase 1 RFI periods, the *Participation Options Report* will be released again during Phase 1 Dispositions and will provide a final AIP eligibility determination. ACOs may also view their eligibility information in the Application Cycle subtab in ACO-MS.

In addition to eligibility information, the *Participation Options Report* will contain an ACO's quarterly payment estimate.

### IMPORTANT!



All advance investment payment amounts provided during the application process are estimates only.

An ACO's actual quarterly payment amount will be determined prior to the start of each quarter based on the latest available beneficiary assignment list for the performance year. More information on AIP calculations and the payment schedule can be found in [Section 5.1](#).



## 4.2 PHASE 2

During Phase 2 of the Shared Savings Program application, an ACO eligible for AIP will have an opportunity to indicate its interest in receiving advance investment payments and submit supplemental information for CMS' review. This supplemental information must be submitted in a timely manner and meet the requirements set forth at [42 CFR § 425.630](#).

An ACO that has timely indicated its interest in receiving advance investment payments during Phase 2 of the Shared Savings Program application may receive an RFI notification summarizing CMS' review of the submitted information. The ACO should carefully review any RFI sent by CMS because there will be only one opportunity to correct any deficiencies identified during Phase 2 of the Shared Savings Program application.

An ACO interested in receiving advance investment payments must:

- ✓ Indicate its interest in receiving advance investment payments during Phase 2 of the Shared Savings Program application.
- ✓ Submit a spend plan for CMS' review that specifies how the ACO intends to spend the advance investment payments during the agreement period to build care coordination capabilities and address specific health disparities. An example spend plan is provided below.
  - ☑ The spend plan must identify the categories of goods and services that will be purchased with advance investment payments, the dollar amounts to be spent on the various categories, and the general timing of those purchases. More details can be found below in [Section 5.2](#).
  - ☑ CMS may require the ACO to make changes to the spend plan to comply with relevant requirements, such as the obligation to use advance investment payments only for an allowable use as specified in [42 CFR § 425.630\(e\)\(1\)](#). More details can be found below in [Section 5.2](#).
- ✓ Certify that the ACO agrees to meet all applicable Shared Savings Program requirements related to AIP, including but not limited to public reporting of AIP spending, compliance and monitoring for AIP, and ensuring advance investment payments are segregated from all other revenues by establishing and maintaining a separate account into which all advance investment payments will be deposited immediately and from which all disbursements of such funds are made only for allowable uses. For more information, refer to the [ACO Banking Form Instructions](#).

Note that an initial **applicant** ACO determined to be eligible for AIP is not required to report actual spending when submitting the AIP supplemental information as part of the Shared Savings Program application to CMS. However, a currently participating ACO receiving advance investment payments will need to provide information on its use of advance investment payments and any other changes to its projected spending for each future performance year (refer to [Section 6.2](#)).



## Sample Spend Plan

Payment Use	General Spend Category	General Spend Sub-category	Projected Spending Year 1	Actual Spending Year 1	Projected Spending Year 2	Actual Spending Year 2	Projected Spending Year 3	Actual Spending Year 3	Projected Spending Year 4	Actual Spending Year 4	Projected Spending Year 5	Actual Spending Year 5
<b>Line Item Description</b>	Selected Category from Drop-Down*	Selected Sub-category from Drop-Down*	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount
<b>Continue for all line items</b>												
<b>Subtotal</b>			Total Dollars Projected	Total Dollars Spent	Total Dollars Projected	Total Dollars Spent	Total Dollars Projected	Total Dollars Spent	Total Dollars Projected	Total Dollars Spent	Total Dollars Projected	Total Dollars Spent

Spend Plan Summary	
<b>Projected Total Advance Investment Payments</b>	Automatically populated by ACO-MS based on the information in the ACO's <i>Participation Options Report</i> for their first performance year. Subject to change after beneficiary assignment is finalized.
<b>Actual Spending</b>	Sums Actual Spending columns
<b>Future Projected Spending</b>	Sums Projected Spending for future years
<b>Remaining Funding to Allocate</b>	Total Funding – (Actual Spending + Future Projected Spending)
<b>Advance Investment Payments Received</b>	Total advance investment payments received from CMS as of most recent payment

\*For a list of General Spend Categories and Subcategories of Permissible Uses of Advance Investment Payments, refer to [Section 5.2, "Advance Investment Payment Uses."](#)

## 5 Advance Investment Payments

The payment amount includes a one-time, up-front fixed payment of \$250,000. If the ACO maintains eligibility requirements and remains in compliance with CMS requirements (refer to [Section 2](#)), it receives additional quarterly payments for two years of up to \$45 per beneficiary per quarter (the amount is based on assigned beneficiaries' attributes, including Area Deprivation Index (ADI) score, Medicare Part D Low Income Subsidy (LIS) status, and dual eligibility for Medicare and Medicaid). There is a 10,000-beneficiary cap for the calculation of quarterly payments. More information on the ACO's quarterly payment estimates is provided during the Shared Savings Program application process (refer to [Section 4](#)).

An ACO that receives advance investment payments must comply with all applicable regulations, including public reporting of AIP spending ([42 CFR § 425.308\(b\)\(8\)](#)). Failure to comply with these requirements may result in the termination of an ACO's AIP or termination of the ACO from the Shared Savings Program as required by [42 CFR § 425.630\(h\)\(1\)](#).

An ACO must segregate advance investment payments from all other revenues by establishing and maintaining a separate account into which all advance investment payments will be deposited immediately and from which all disbursements of such funds are made only for allowable uses, as required by [42 CFR § 425.630\(e\)\(4\)](#).

### Published Resource Available



Advance investment payments will be deposited in the identified account on the submitted and approved [Form CMS-588](#) during Phase 1 of the Shared Savings Program application. For more information on submitting this form, refer to the [ACO Banking Form Instructions](#).

Advance investment payments should be immediately transferred to meet the requirement that an ACO must segregate advance investment payments from all other revenues. If the ACO is eligible to receive shared savings, the ACO's shared savings payments, per guidance found in the *ACO Banking Form Instructions*, will also be deposited to the same identified account on the Form CMS-588 submitted during application.

If an ACO terminates its participation agreement during the agreement period in which it received an advance investment payment, the ACO must repay all advance investment payments it received, as required by [42 CFR § 425.630\(g\)\(4\)](#). CMS will provide written notification to the ACO of the amount due, and the ACO must pay such amount no later than 90 days after the receipt of such notification.

Section [42 CFR § 425.630](#) outlines the criteria that CMS will use to determine specific payment amounts, appropriate funding uses, public reporting requirements, monitoring of AIP eligibility, AIP ACO signing event requirements, AIP terminations, and recoupment of AIP advance investment payments ([42 CFR § 425.630](#)). These policies are described in the subsections below.

## 5.1 ADVANCE INVESTMENT PAYMENT CALCULATION

Eligible ACOs will receive a one-time payment of \$250,000 at or near the beginning of the first performance year of the ACO's agreement period, as described in [42 CFR § 425.630\(f\)\(1\)](#). If the ACO maintains eligibility requirements and remains in compliance with all applicable Shared Savings Program and CMS requirements, quarterly payments will be made for the first two performance years of the ACO's agreement period, as described in [42 CFR § 425.630\(f\)\(2\)](#).

### *Advance Investment Payment Schedule*

	January: PY 1	April: PY 1	July: PY 1	October: PY 1	January: PY 2	April: PY 2	July: PY 2	October: PY 2
Payment Type	One-time Payment; Quarterly Payment based on PY 1 initial assignment report	Quarterly Payment based on PY 1 initial assignment report	Quarterly Payment based on PY 1 Quarter 1 assignment report	Quarterly Payment based on PY 1 Quarter 2 assignment report	Quarterly Payment based on PY 2 initial assignment report	Quarterly Payment based on PY 2 initial assignment report	Quarterly Payment based on PY 2 Quarter 1 assignment report	Quarterly Payment based on PY 2 Quarter 2 assignment report

As outlined in the table above, ACOs will receive an AIP report package for each quarterly payment as outlined in the table above. This package will include information regarding the AIP calculation for the current quarter, the total advance investment payments received by the ACO through the current quarter, and a beneficiary-level file that includes ADI, LIS and dual eligibility status, the beneficiary's Risk Factors-Based Score, and the per beneficiary advance investment payment amount for each beneficiary assigned to the ACO.

Quarterly payments will be determined prior to the quarter and based on the latest available beneficiary assignment list to capture any changes in the individual beneficiaries assigned to the ACO between annual and quarterly assignment runs. Using the latest available beneficiary assignment list to determine the upcoming quarterly payment will more accurately reflect the attributes of the ACO's assigned population.

- For ACOs under preliminary prospective assignment with retrospective reconciliation, the assignment list is updated quarterly based on the most recent 12 months of data.
- For ACOs under prospective assignment, the assignment list is updated quarterly to exclude beneficiaries who meet any of the exclusion criteria during the performance year.

### 5.1.1 How ACO Quarterly Payments Are Calculated

Step 1:

- Determine the ACO's assigned beneficiary population. The assigned beneficiaries used in determining the quarterly payment amount would be the beneficiaries most recently assigned to the ACO and, as reflected in the ACO's most recently delivered assignment report under [42 CFR § 425.400\(a\)\(2\)](#) (for ACOs under preliminary prospective assignment with retrospective reconciliation) or [42 CFR § 425.400\(a\)\(3\)](#) (for ACOs under prospective assignment), based on the certified ACO participant list for the relevant performance year.

## Step 2:

- Assign each beneficiary a risk factors-based score. For each beneficiary in the assigned population identified in Step 1, CMS assigns a risk factors-based score as follows:
  - The risk factors-based score will be set to 100 if the beneficiary is enrolled in the Medicare Part D LIS or is dually eligible for Medicare and Medicaid.
  - The risk factors-based score will be set to the ADI national percentile rank matched to the beneficiary's mailing address if a) the beneficiary is not enrolled in the Medicare Part D LIS or is not dually eligible for Medicare and Medicaid, and b) sufficient data is available to match the beneficiary to an ADI national percentile rank.
  - The risk factors-based score will be set to 50 if the beneficiary is not enrolled in the Medicare Part D LIS, is not dually eligible for Medicare and Medicaid, and sufficient data is unavailable to match the beneficiary to an ADI national percentile rank.

## Step 3:

- Determine a beneficiary's payment amount. For each beneficiary in the assigned population, CMS determines the payment amount that corresponds to the beneficiary's risk factors-based score according to the per beneficiary payment amounts specified by CMS.

### **Quarterly Per Beneficiary Payment Amounts**

<b>Risk Factors-Based Score Range</b>	<b>Per Beneficiary Advance Investment Payment (\$)</b>
1-24	\$0.00
25-34	\$20.00
35-44	\$24.00
45-54	\$28.00
55-64	\$32.00
65-74	\$36.00
75-84	\$40.00
85-100	\$45.00

## Step 4:

- Calculate the ACO's total quarterly advance investment payment amount. The ACO's quarterly advance investment payment amount is equal to the sum of the payment amounts corresponding to each assigned beneficiary's risk factors-based score, capped at 10,000 beneficiaries. If the ACO has more than 10,000 assigned beneficiaries, CMS calculates the quarterly advance investment payment amount based on the 10,000 assigned beneficiaries with the highest risk factors-based scores.

## 5.2 ADVANCE INVESTMENT PAYMENT USES

An ACO must use advance investment payments to improve the quality and efficiency of items and services furnished to beneficiaries.

### IMPORTANT!



Advance investment payments must be spent on one of the following categories:

- Increased staffing
- Health care infrastructure
- The provision of accountable care for underserved beneficiaries, which may include addressing social determinants of health ([42 CFR § 425.630\(e\)\(1\)](#))

These are the only allowable uses for advance investment payments.

CMS tracks expenditure subcategories within the three allowable use categories. ACOs may spend advance investment payments on any of the subcategories of permissible uses of advance investment payments noted in Table 1 below, including the line items for “other” expenditure, provided that all expenditures constitute an allowable use.

**Table 1. Subcategories of Permissible Uses of Advance Investment Payments**

Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
<u>General Staffing:</u> <ul style="list-style-type: none"> <li>• Case manager</li> <li>• Community health worker</li> <li>• Licensed Clinical Social Worker</li> <li>• Other Staff (explain in “Payment Use”)</li> <li>• Physician</li> <li>• Physician assistant, nurse practitioner, or clinical nurse specialist</li> <li>• Registered dietitian or nutrition professional</li> </ul> <u>Behavioral health clinicians:</u> <ul style="list-style-type: none"> <li>• Behavioral health care coordinators</li> <li>• Behavioral health case managers</li> <li>• Clinical Psychologists</li> <li>• Marriage and Family Therapists</li> <li>• Mental health counselors or Licensed Professional Counselors</li> </ul>	<u>Employment-related services:</u> <ul style="list-style-type: none"> <li>• Employment coaching</li> <li>• Employment search assistance</li> <li>• Other employment-related services and supports (explain in “Payment Use”)</li> <li>• Services for individuals with disabilities to help them succeed at finding and maintaining employment</li> </ul> <u>Food security services and supports:</u> <ul style="list-style-type: none"> <li>• Grocery store, farmers market, or other food voucher</li> <li>• Medically tailored meals after hospital discharge</li> <li>• Medically tailored meals for a chronic condition</li> <li>• Nutrition education/counseling</li> <li>• Nutrition support</li> <li>• Other food-related services (explain in “Payment Use”)</li> <li>• Partnership with food bank</li> </ul> <u>General:</u> <ul style="list-style-type: none"> <li>• Other (explain in “Payment Use”)</li> </ul>	<u>General:</u> <ul style="list-style-type: none"> <li>• Other (explain in “Payment Use”)</li> <li>• Practice physical accessibility improvements</li> </ul> <u>Health IT:</u> <ul style="list-style-type: none"> <li>• Case/practice management systems</li> <li>• Clinical data registries</li> <li>• Electronic Quality Reporting</li> <li>• Establishing or improving translation services</li> <li>• Health information exchange and health information network participation</li> <li>• Health IT investments to support integration with dental services</li> <li>• Health IT to support behavioral health activities</li> </ul>

Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
<ul style="list-style-type: none"> <li>Peer support specialists</li> <li>Psychiatrist</li> <li>Substance use counselors</li> </ul> <p><u>Education:</u></p> <ul style="list-style-type: none"> <li>Other staff education (explain in “Payment Use”)</li> <li>Training staff to provide culturally and linguistically tailored services</li> <li>Training staff to provide trauma-informed care</li> </ul> <p><u>General:</u></p> <ul style="list-style-type: none"> <li>Other (explain in “Payment Use”)</li> </ul> <p><u>Oral health providers:</u></p> <ul style="list-style-type: none"> <li>Dental Hygienist</li> <li>Dentist</li> <li>Public Health Dental Hygiene Practitioner</li> </ul>	<p><u>General health-related social needs services:</u></p> <ul style="list-style-type: none"> <li>Comprehensive assessments</li> <li>Follow-up to ensure social needs are being addressed</li> <li>Screening for social needs</li> <li>Social care coordination</li> <li>Substance abuse counseling/programs</li> </ul> <p><u>Housing-related services and supports:</u></p> <ul style="list-style-type: none"> <li>Application for housing-related benefits</li> <li>Assisting with housing search, training on how to search for available housing</li> <li>Community transition costs</li> <li>Connecting an individual to community resources or benefits to maintain housing stability</li> <li>Early identification and intervention for behaviors that may jeopardize housing</li> <li>Education on the role, rights, and responsibilities of the tenant and landlord</li> <li>Home or environmental modifications to support a healthy lifestyle</li> <li>Housing and environmental assessments to ensure housing and environment are safe</li> <li>Housing and setting up support structures for persons experiencing homelessness</li> <li>Lead remediation services</li> <li>Moving expenses</li> <li>Other housing-related services (explain in “Payment Use”)</li> <li>Rapid rehousing interventions</li> <li>Securing documentation and fees to apply for housing</li> <li>Setting up support structures for persons experiencing homelessness</li> <li>Wraparound housing services</li> </ul> <p><u>Patient caregiver supports:</u></p> <ul style="list-style-type: none"> <li>Caregiver counseling or support groups</li> <li>Caregiver training and education</li> <li>Child Support Services</li> <li>Other patient caregiver support services (explain in “Payment Use”)</li> </ul>	<ul style="list-style-type: none"> <li>Investment in certified electronic health record technology (CEHRT)</li> <li>IT-enabled screening tools, including for social needs</li> <li>Remote access technologies/telehealth</li> </ul> <p><u>Infrastructure related to social determinants of health (SDOH):</u></p> <ul style="list-style-type: none"> <li>Closed-loop referral tools to connect patients to community-based organizations</li> <li>Other infrastructure related to addressing patient social needs (explain in “Payment Use”)</li> </ul>

Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
	<ul style="list-style-type: none"> <li>Respite care</li> </ul> <p><u>Services to reduce social isolation:</u></p> <ul style="list-style-type: none"> <li>Improving cultural and linguistic competency</li> <li>Other reduction of social isolation services (explain in “Payment Use”)</li> <li>Reintegration from incarceration counseling/program</li> </ul> <p><u>Transportation services:</u></p> <ul style="list-style-type: none"> <li>Disability-related transport services</li> <li>Help with application for transportation benefits</li> <li>Other transportation-related services (explain in “Payment Use”)</li> <li>Services to help an individual maintain access to an automobile</li> <li>Transportation to non-medical locations, such as grocery stores</li> <li>Vouchers for public transportation services</li> <li>Vouchers for ride-share services</li> </ul> <p><u>Utilities-related services and supports:</u></p> <ul style="list-style-type: none"> <li>Application for utilities-related benefits</li> <li>Electricity services</li> <li>Heating services</li> <li>Other utilities-related services and supports (explain in “Payment Use”)</li> <li>Water services</li> </ul>	

### Tips for Success



Where advance investment payments are used for investments in health IT systems and infrastructure, CMS strongly recommends ACOs utilize health IT that meets standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#), and/or health IT certified under the [Office of the National Coordinator \(ONC\) Health IT Certification Program](#), where applicable. If HHS-adopted standards or certified technology are not applicable, CMS encourages ACOs to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations, such as those identified in the [ONC Interoperability Standards Advisory](#).



Advance investment payments cannot be used for anything other than the three categories listed above (and the corresponding subcategories in Table 1). For example, prohibited uses include: management company or parent company profit, performance bonuses, other provider salary augmentation, provision of medical services covered by Medicare, or items or activities unrelated to ACO operations ([42 CFR § 425.630\(e\)\(2\)](#)).

## 6 AIP Participation

### 6.1 PUBLIC REPORTING REQUIREMENTS

As required by [42 CFR § 425.308](#), ACOs participating in the Shared Savings Program must maintain a designated public reporting webpage and publicly report information in a form and manner specified by CMS. ACOs receiving advance investment payments must publicly report information about their ACO's use of advance investment payments for each performance year. Before each performance year, the ACO must publicly report its projected spending, including spend plan categories. After each performance year, the ACO must publicly report the total amount of advance investment payments received, their actual spending including actual spend categories, and any changes to their spend plan. The AIP public reporting requirement includes the following:

- The ACO's spend plan.
- The total amount of any advance investment payments received from CMS.
- An itemization of how advance investment payments were spent during the year, including expenditure categories (increased staffing, provision of accountable care for underserved beneficiaries, health care infrastructure) and the corresponding subcategories of permissible uses of advance investment payments listed in Table 1, the dollar amounts spent on these various categories, any changes to the spend plan submitted under [42 CFR § 425.630\(d\)](#), and such other information as may be specified by CMS.

#### Published Resource Available



Refer to [42 CFR § 425.308\(b\)\(8\)](#) and the [Public Reporting Instructions and Template](#) for more details.

### 6.2 REPORT USE OF ADVANCE INVESTMENT PAYMENTS TO CMS

ACOs that receive advance investment payments are required to report information to CMS for each performance year, by a deadline specified by CMS, on their ACO's use of advance investment payments ([42 CFR § 425.630\(i\)\(2\)](#)).

During a timeframe specified by CMS, ACOs that have received advance investment payments must report annual updates to their AIP spend plan, including the reporting of actual spending, within the AIP subtab in ACO-MS. ACOs can update projected spending for the current and future performance years, if desired.

Published Resource Available



Participating ACOs can review the [AIP Spend Plan Change Request tip sheet](#) for instructions on how to submit the AIP Spend Plan Change Request for CMS' review.

## 6.3 MONITORING OF AIP ELIGIBILITY

In accordance with [42 CFR § 425.316\(e\)](#), CMS monitors an ACO that receives advance investment payments for changes that may cause the ACO to no longer meet the AIP eligibility requirements. If CMS determines that an ACO became experienced with performance-based risk Medicare ACO initiatives during its first or second performance year or meets the definition of a high revenue ACO during any performance year, CMS will cease sending advance investment payments no later than the quarter after the ACO became ineligible and may take compliance action as specified in [42 CFR §§ 425.216](#) and [425.218](#).

Pursuant to [42 CFR § 425.316\(e\)\(3\)](#), if an ACO remains experienced with performance-based risk Medicare ACO initiatives or a high revenue ACO after a deadline specified by CMS related to a compliance action, the ACO must repay all advance investment payments it received. CMS will provide written notification to the ACO of the amount due and the ACO must pay the amount no later than 90 days after the receipt of such notification.

## 6.4 ACO SIGNING EVENT

At the end of each performance year, an individual with the legal authority to bind the ACO must certify to the best of their knowledge, information, and belief that the ACO has moved all advance investment payments received during that performance year into a designated AIP account (as required by [42 CFR § 425.630\(e\)](#)) and the advance investment payments have been dispersed only for allowable uses (refer to [42 CFR § 425.302\(a\)\(3\)\(iv\)](#)).

## 6.5 TERMINATION OF ADVANCE INVESTMENT PAYMENTS

**Voluntary Termination:** AIP is a voluntary payment option and an ACO may notify CMS of its intent to terminate at any time. Pursuant to [42 CFR § 425.630\(g\)\(4\)](#), if an ACO terminates its participation agreement during the agreement period in which it received an advance investment payment, via an early renewal or otherwise, the ACO must repay all advance investment payments it received, unless the ACO terminated its current participation agreement under [42 CFR § 425.220](#) at the end of performance year 2 or later during the agreement period in which it received advance investment payments and immediately enters a new agreement period to continue its participation in the program. Pursuant to that same regulation, CMS provides written notification to the ACO of the amount due, and the ACO must pay such amount no later than 90 days after the receipt of such notification.

If an ACO notifies CMS that it no longer wishes to participate in the AIP option, but continues its participation in the Shared Savings Program, the ACO must repay all outstanding AIP it received. CMS will provide written notification to the ACO of the amount due and the ACO must

pay such amount no later than 90 days after the receipt of such notification ([42 CFR § 425.630\(g\)\(5\)](#)).

**Involuntary Termination:** CMS may terminate an ACO's advance investment payments at any time for failure to comply with the requirements of the Shared Savings Program or for any of the grounds for ACO termination set forth in [42 CFR § 425.218\(b\)](#).

Under [42 CFR § 425.630\(h\)\(1\)](#), CMS may terminate an ACO's advance investment payments if the ACO fails to comply with the requirements of [42 CFR § 425.630](#), or otherwise meets the grounds for termination under [42 CFR § 425.218\(b\)](#). CMS will terminate an ACO's advance investment payments in accordance with [42 CFR § 425.316\(e\)](#) if the ACO no longer meets the AIP eligibility requirements set forth at [42 CFR § 425.630\(b\)\(3\) and \(4\)](#) (refer to [42 CFR § 425.630\(h\)\(2\)](#)). CMS may immediately terminate distribution of an ACO's advance investment payments without taking any pre-termination actions under [42 CFR § 425.216](#) (refer to [42 CFR § 425.630\(h\)\(3\)](#)).

Additionally, if CMS terminates the participation agreement of an ACO that has an outstanding balance of advance investment payments owed to CMS, the ACO must repay any outstanding advance investment payments it received, per [42 CFR § 425.630\(g\)\(6\)](#). CMS will provide written notification to the ACO of the amount due, and the ACO must pay such amount no later than 90 days after the receipt of such notification.

## 6.6 RECOUPMENT OF ADVANCE INVESTMENT PAYMENTS AND NOTICE OF BANKRUPTCY

### 6.6.1 Recoupment

#### AIP Recoupment

Advance investment payments will be recouped from any shared savings earned by the ACO in any performance year until CMS has recouped, in full, all advance investment payments. Any remaining balance owed will be carried forward to subsequent performance years in which the ACO achieves shared savings, including in any performance years in a subsequent agreement period for both renewing and re-entering ACOs ([42 CFR § 425.630\(g\)\(1\)](#)).

If the amount of shared savings earned by the ACO is revised upward for any reason, the redetermined amount of shared savings will be reduced by the amount of advance investment payments made to the ACO as of the date of the redetermination. If the amount of shared savings earned by the ACO is revised downward by CMS for any reason, the ACO will not receive a refund of any portion of the advance investment payments previously recouped or otherwise repaid (refer to [42 CFR § 425.630\(g\)\(2\)](#)).

Except as provided for in [42 CFR §§ 425.630\(g\)\(4\) and 425.316\(e\)\(3\)](#), CMS will not recover an amount of advance investment payments greater than the shared savings earned by an ACO in that performance year (refer to [42 CFR § 425.630\(g\)\(3\)](#)). If an ACO terminates its participation agreement during the agreement period in which it received an advance investment payment,

the ACO must repay all advance investment payments it received. In such a case, CMS would provide written notification to the ACO of the amount due and the ACO must pay such amount no later than 90 days after the receipt of notification (refer to [42 CFR § 425.630\(g\)\(4\)](#)).

### **6.6.2 Notice of Bankruptcy**

If an ACO has filed a bankruptcy petition, whether voluntary or involuntary, the ACO must provide written notice of the bankruptcy to CMS and to the U.S. Attorney's Office in the district where the bankruptcy was filed, unless final payment for the agreement period has been made by either CMS or the ACO and all administrative or judicial review proceedings relating to any payments under the Shared Savings Program have been fully and finally resolved ([42 CFR § 425.630\(g\)\(5\)](#)). The notice of bankruptcy must be sent by certified mail no later than five days after the petition has been filed and must contain a copy of the filed bankruptcy petition (including its docket number). The notice to CMS must be addressed to: The CMS Office of Financial Management at 7500 Security Boulevard, Mailstop C3-01-24, Baltimore, MD 21244, or such other address as may be specified on the CMS website for purposes of receiving such notices (*Id.*).