



# Prepaid Shared Savings (PSS) | Phase 2 | Agreement Period Beginning on January 1, 2026

Please refer to the [Application Toolkit webpage](#) for instructions and eligibility requirements for completing this application.

**PAPER APPLICATIONS ARE NOT ACCEPTED.** USE THIS DOCUMENT TO PREPARE YOUR RESPONSES. SUBMIT YOUR APPLICATION ONLINE VIA THE [ACO MANAGEMENT SYSTEM \(ACO-MS\)](#).

\*This is only applicable to Shared Savings Program renewal applicants that meet the Prepaid Shared Savings eligibility criteria (refer to [42 CFR § 425.640](#)).

## SECTION 1 – SPEND PLAN:

Submit a spend plan for CMS review that specifies how your ACO intends to spend the prepaid shared savings during the performance year.

### Spend Plan Template:

#### Step 1

Projected Maximum Quarterly Prepaid Shared Savings Amount for Year 1	Automatically populated by ACO-MS based on the information in the ACO's Participation Options Report
ACO Selected Quarterly Prepaid Shared Savings Amount for Year 1*	<input type="checkbox"/> Check this box to select the maximum quarterly prepaid shared savings amount your ACO is eligible for as calculated prior to each quarter. <input type="checkbox"/> Check this box to select a lesser quarterly prepaid shared savings amount and enter the selected dollar amount below. <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Enter Dollar Amount</div>
Projected Total Maximum Prepaid Shared Savings Amount for Year 1	(Projected Maximum Prepaid Shared Savings Amount for Year 1) x 4
ACO Selected Total Prepaid Shared Savings Amount for Year 1*	(ACO Selected Quarterly Prepaid Shared Savings Amount for Year 1) x 4
Projected Unselected Prepaid Shared Savings for Year 1	(Project Total Maximum Prepaid Shared Savings Amount for Year 1) – (ACO Selected Total Prepaid Shared Savings Amount for Year 1)

\*ACOs will receive up to the maximum amount they are eligible for during each performance year.

#### Step 2

Payment Use	General Spend Category	General Spend Subcategory	Beneficiary Group	Cost Sharing Support (Part B Service(s))	Projected Spending Year 1
Line Item Description	Selected Category from Drop-Down	Selected Subcategory from Drop-Down	Beneficiary Group (if applicable)	Part B Service(s) Subsidized by Cost Sharing Support (if applicable)	Dollar Amount
<b>Subtotals</b>			Total Dollars Projected		
<b>Percentage of Spend on Direct Beneficiary Services (Must Be No Less Than 50%)</b>			Percentage of Projected Spend on Direct Beneficiary Services		

*Disclaimers: The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.*

*This communication material was prepared as a service to the public and is not intended to grant rights or impose obligations. It may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of its contents.*

### Spend Plan Summary

<b>Projected Total Maximum Prepaid Shared Savings Amount</b>	Auto-populated estimate from Step 1 * total estimated quarters eligible to receive prepaid shared savings
<b>ACO Selected Projected Total Prepaid Shared Savings Amount</b>	ACO selected quarterly payment amount from Step 1 * total estimated quarters eligible to receive prepaid shared savings
<b>Remaining Selected Funding to Allocate</b>	ACO Selected Projected Total Prepaid Shared Savings Amount – Projected Spending (must be \$0 to submit spend plan to CMS)
<b>Prepaid Shared Savings Received</b>	Total prepaid shared savings received from CMS as of most recent payment (\$0 for applicant ACO)

**The general spend categories and subcategories of permissible uses of prepaid shared savings are identified in the table below.**

*Subcategories of Permissible Uses of Prepaid Shared Savings:*

### Direct Beneficiary Services

**Fitness and Nutrition:**

Case management services for access to services and supports, including, for example:

- Outreach and education
- Linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees

Services to support physical activity, including:

- Gym memberships
- Cardiac, pulmonary, and other chronic disease rehabilitation not otherwise payable in Traditional Medicare
- Exercise training

Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including, for example:

- Guidance on selecting healthy food
- Healthy meal preparation

Home delivered meals or pantry stocking, tailored to health risk and eligibility criteria and/or certain nutrition-sensitive health conditions, for example:

- Medically tailored meals to individuals who are at risk of or diagnosed with diabetes

Nutrition prescriptions, tailored to health risk, certain nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including, for example:

- Fruit and vegetable prescriptions
- Protein boxes
- Food pharmacies

Grocery provisions, for high-risk individuals to avoid unnecessary acute care admission or institutionalization

**Promoting a Healthy Environment:**

Housing supports that support a healthy environment, for example:

- Housing transition and navigation services (e.g. finding and securing housing)
- Pre-tenancy navigation services
- Tenancy and sustaining services and individualized case management (e.g., linkages to state and federal and state benefit programs, benefit program application assistance and fees, eviction prevention, tenant rights education)
- One-time transition and moving costs other than rent
- Short-term pre-procedure, recuperative, or post-transition housing and care, where integrated, clinically oriented recuperative or rehabilitative services and supports are provided, or ongoing monitoring is required.

Home/environmental accessibility modifications, including, for example:

- Wheelchair accessibility ramps
- Handrails
- Grab bars

**Other Services to Promote a Healthy Life:**

Personalized health and wellness coaching not otherwise payable in Traditional Medicare to address underlying health behaviors at the root of chronic disease

FDA-approved digital therapeutics not otherwise payable under Traditional Medicare to address chronic disease

**MEDICARE SHARED SAVINGS PROGRAM JANUARY 1, 2026  
[NOT FOR SUBMISSION - SAMPLE ONLY]**

General whole-person services not otherwise payable in Traditional Medicare:

- Comprehensive assessments
- Social care coordination
- Follow-up to ensure unmet social needs are being addressed

Beneficiary home visits not otherwise payable in Traditional Medicare

Transportation services

Personal emergency response systems or medical alert systems

Substance use disorder services or programs not otherwise payable in Traditional Medicare, for example:

- Contingency management services

Day habilitation programs

Sobering centers (<24 hour stay)

Caregiver support services:

- Caregiver counseling or support groups
- Caregiver training and education not otherwise payable in Traditional Medicare
- Respite care

Vision, hearing or dental care directly provided by ACO providers/suppliers (as defined in § 425.20) or covered under a health insurance plan purchased by the ACO on behalf of the beneficiary

**Cost Sharing Support:**

Cost sharing support that reduces or eliminates cost sharing for categories of Part B services for Shared Savings Program beneficiaries identified by the ACO.

Increased Staffing	Healthcare Infrastructure
<p><b>Behavioral health clinicians:</b></p> <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> <li>• Peer support specialists</li> <li>• Psychiatrist</li> <li>• Substance use counselors</li> </ul> <p><b>Education:</b></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><b>General:</b></p> <ul style="list-style-type: none"> <li>• Other (explain in "Payment Use")</li> <li>• Practice physical accessibility improvements</li> </ul> <p><b>General Staffing:</b></p> <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>	<p><b>Health IT:</b></p> <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> <li>• Investment in certified electronic health record technology (CEHRT)</li> <li>• IT-enabled screening tools</li> <li>• Remote access technologies/telehealth</li> </ul> <p><b>Oral health providers:</b></p> <ul style="list-style-type: none"> <li>• Dental Hygienist</li> <li>• Dentist Public Health Dental Hygiene Practitioner</li> </ul>

## SECTION 2 – COMMUNICATION STRATEGY

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Pursuant to [42 CFR § 425.640\(d\)\(2\)\(iv\)](#), my ACO's communication strategy for notifying CMS and impacted beneficiaries if the ACO no longer provides a direct beneficiary service that had been previously provided by the ACO using prepaid shared savings is provided at the link below.

- Upload Communication Strategy

## SECTION 3 – CERTIFICATIONS AND ATTESTATIONS

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I certify that my ACO agrees to meet all applicable Shared Savings Program requirements related to Prepaid Shared Savings, including the following:

- [42 CFR § 425.308\(b\)\(10\)](#) (public reporting of prepaid shared savings spending)
- [42 CFR § 425.316\(f\)](#) (obligation to repay prepaid shared savings if the ACO fails to reallocate prepaid shared savings as permitted by [42 CFR § 425.640\(e\)](#))
- [42 CFR § 425.640\(b\)\(7\)](#) (requirement to establish an adequate repayment mechanism in accordance with [42 CFR § 425.204\(f\)](#) that can be used to recoup outstanding prepaid shared savings)
- [42 CFR § 425.640\(g\)\(4\)](#) (obligation to repay prepaid shared savings if the ACO or CMS terminates the ACOs participation agreement during the agreement period in which it received prepaid shared savings)

- Yes

I attest that my ACO will adhere to regulations at [42 CFR § 425.640\(d\)\(2\)\(iii\)](#) and will not discriminate on the basis of race, color, religion, sex, national origin, disability, or age with respect to their use of prepaid shared savings.

- Yes

## SECTION 4 – CERTIFY YOUR PSS SUPPLEMENTAL INFORMATION

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\*CMS will not process your PSS supplemental information if you do not complete this certification in ACO-MS. This page will appear at the end of your submission. You certify when you select "I agree."

I have read the contents of this PSS supplemental information. I certify that I am legally authorized to execute this document and to bind my ACO to comply with all applicable laws and regulations. By my signature, I certify to the best of my knowledge, information, and belief that the information contained herein is true, accurate, and complete, and I authorize CMS to verify this information. If I become aware that any information is not true, accurate, or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information.

- I agree