

# Long-term Enhanced ACO Design (LEAD) Model Application Checklist



## Submitting an Application

- ❑ **LEAD applications** must be submitted through <https://app.innovation.cms.gov/LEAD/IDMLogin> by **11:59 PM Eastern Time on May 17, 2026**. Current **ACO REACH participants** will submit an application using the same link but will have the option to complete a **streamlined application**.
- ❑ **The New Entrant Tool** is an optional tool available for applicants seeking a preliminary assessment of how they score on the Newly Entering ACO criteria (as defined in Appendix A of the RFA). Interested applicants must submit the New Entrant Tool **by 11:59 PM ET on April 27, 2026, via the LEAD help desk**.
- ❑ The **Letter of Interest (LOI) will open on April 17, 2026**. If your organization is not ready to apply now but is interested in future cohorts, you may submit an LOI by **11:59 PM ET on May 17, 2026**, to help CMS plan for future cohorts.

## Application Elements

### Applicant Organization Information

Basic information about the applicant ACO, including legal entity name, DBA (if applicable), address, TIN, DUNS (if applicable), website, and contact information for the executive contact, primary contact, secondary contact, and IT/technical contact.

### Model Participation Selections

Confirm key model participation elements:

- ❑ **Beneficiary alignment approach** (Prospective vs Hybrid)
- ❑ **Risk Option** (Global vs Professional)
- ❑ **Prospective Payment Option(s)** (PCC vs TCC required, APO and NPCC optional)
- ❑ **Expected High Needs ACO status** (if applicable)
- ❑ **Expected spending designation** (Higher- vs Lower- spending)
- ❑ **Indication of interest in CARA and Medicaid partnerships**

### Executive Summary

Narrative overview describing the applicant ACO's structure, participating entities, formation and goals, geographic and population focus, prior participation in shared savings initiatives or CMS Innovation Center models, and the ACO's role within its local healthcare market.

### Financial Guarantee

Acknowledgement of the financial guarantee requirement and identification of the ACO's intended financial guarantee mechanism (e.g., escrow, surety bond, letter of credit).

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## Application Elements, Continued

### Leadership and Governance

Identification of the proposed leadership team and governing body, ownership or control interest disclosures, and a narrative describing qualifications of governing body members.

Describe governance oversight, leadership accountability, and reporting structures. Make required disclosures of sanctions, investigations, debts, exclusions, criminal conduct, or bankruptcy.

Describe how ACO will engage beneficiaries in its governance process, e.g., beneficiary representation on governing body or a Beneficiary and Consumer Advisory Committee.

Provide an ACO compliance plan that includes a compliance official who reports directly to the governing body, mechanisms to identify and address compliance issues including a pathway for anonymous reporting, compliance training, and mandatory law enforcement reporting for probable violations of law.

*Upload:*

- Leadership Team and Governing Body CVs or Resumes**
- Ownership Interest Template**
- Compliance Plan**

### Third Party Vendors

Identify core ACO functions that will be performed by third-party partners or vendors and provide related disclosures.

### Revenue Sources and Payment Arrangements

Provide an estimate of the ACO's share of revenue by payer type (e.g., Original Medicare, Medicare Advantage, other Medicare Health plan, Medicaid, TRICARE, Indian Health Services, commercial health plans, self-pay patients, other)

*Upload:*

- Outcomes-Based Contracts Template** describing up to five instances of prior or current value-based arrangements

### Care Delivery Strategies, Data, and Health IT

Narrative responses describing 1) the ACO's planned approach to implementing prospective payments, improving care delivery and beneficiary access, promoting preventative and coordinated care; and 2) capabilities for securely ingesting and using Medicare claims and electronic health record data, as well as the ACO's use of digital health and health IT tools.