



Centers for Medicare & Medicaid Services

## ACO Investment Model Online Application

### Section A: ACO Profile

Name of the ACO

ACO ID

MSSP Start Year

ACO Street Address

ACO City

ACO State

ACO County

ACO Zip Code

Please check this box if the ACO information as stated above is correct. If not, please contact [AIM@cms.hhs.gov](mailto:AIM@cms.hhs.gov)

1. What risk track will your ACO participate in?

### Primary Point of Contact Information (POC)

POC First Name

POC Last Name

**POC Title**

**POC Street Address**

**POC City**

**POC State**

**POC Zip Code**

**POC Business Phone**

**POC Business Fax**

**POC Email**

**Secondary Point of Contact Information**

**First Name**

**Last Name**

**Title**

**Street Address**

**City**

**State**

**Zip Code**

**Business Phone**

**Business Fax**

**Email**

## Section B: ACO Organizational Structure and Location

1. Does the legal entity of the ACO contain a hospital or in-patient facility?

2. Is every hospital or in-patient facility in the Legal Entity of the ACO either a Critical Access Hospital (CAH) or an In-Patient Prospective Payment System (IPPS) Hospital with no more than 100 beds?

3. Is the ACO Legal Entity or any ACO participant in the Legal Entity, co-owned with a licensed health insurance entity?

4. Approximately how many beneficiaries are assigned to your ACO?

5. Approximately what percentage of the ACO participants, providers, and suppliers practice in rural areas?

6. Please list the name and address [Street, City, State, County, Zip] of each Provider delivery site affiliated with the ACO.

7. Does your ACO serve a primary care service area with High, Medium, or Low ACO penetration?

## Section C: Statement of Need

1. Please describe how the ACO Investment Model can help the applicant ACO meet its financial and quality goals. Please limit your response to two pages. CMS cannot guarantee that any additional information beyond two pages will be reviewed.

## Section D: ACO Investment Plan

**1. Describe the types of staffing and infrastructure that the ACO will acquire and/or expand using the pre-paid shared savings from the ACO Investment Model. How does each support population care management, financial management, or other essential ACO functions? Please limit your response to three pages. CMS cannot guarantee that any additional information beyond three pages will be reviewed.**

**2. Give a summary of the timing of procurements, activities, and hiring activities by year.**

**a. Months 1 – 12 of agreement [Please indicate date range] Please limit your response to two pages. CMS cannot guarantee that any additional information beyond two pages will be reviewed.**

**b. Months 13 – 24 of agreement (or until end of agreement period if agreement period shorter than 24 months) [Please indicate date range] Please limit your response to two pages. CMS cannot guarantee that any additional information beyond two pages will be reviewed.**

**3. How do these investments build on staff capacity and infrastructure that the ACO already has or plans to acquire using its own funding? Please limit your response to two pages. CMS cannot guarantee that any additional information beyond two pages will be reviewed.**

**4. Unacceptable uses of pre-paid shared savings from the ACO Investment Model include:**

- **Augmenting provider salaries or providing bonuses to executives or administrators.**
- **Imaging equipment (use of funds for other equipment will be scrutinized carefully as well, but not necessarily prohibited).**

**Does the spend plan include any expenditures that might be interpreted as being in one of these categories? If so, please give a detailed description and rationale for the expenditure. Please limit your response to one page. CMS cannot guarantee that any additional information beyond one page will be reviewed.**

## Section E: Spend Plan

Years			
<a href="#">2016</a>	2017	2018	2019

[Review Spend Plan](#)

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7500 Security Boulevard, Baltimore, MD 21244

