



MEDICARE
SHARED SAVINGS
PROGRAM

Beneficiary Incentive Program (BIP) Application | Phase 2 | Agreement Period or Performance Year Beginning on January 1, 2026

Please refer to the [Application Toolkit](#) 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 application is only applicable to Accountable Care Organization (ACO) applicants applying to participate in the Medicare Shared Savings Program (Shared Savings Program) Levels C, D, or E of the BASIC track or the ENHANCED track, or existing Shared Savings Program ACOs currently participating in the ENHANCED track, Levels C, D, or E of the BASIC track, or entering Levels C, D, or E of the BASIC track.

SECTION 1 – CERTIFY YOUR ACO TRACK

1. I certify that my ACO is participating under or applying to a Shared Savings Program two-sided risk model (Levels C, D, or E of the BASIC track or the ENHANCED track).

Yes

SECTION 2 – CERTIFY YOUR PERFORMANCE YEAR

2. I certify that, if this application is approved, my ACO will operate its Beneficiary Incentive Program (BIP) for an initial period of 12 months beginning on January 1st.

Yes

Note: For each consecutive year that your ACO wishes to operate its BIP after such initial period, your ACO must first certify the following by a deadline specified by the Centers for Medicare & Medicaid Services (CMS): (1) its intent to continue to operate the BIP as approved by CMS for the entirety of the relevant performance year; and (2) that the BIP meets all applicable requirements.

SECTION 3 – CERTIFY YOUR COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS

3. I certify that, if this application is approved, my ACO will operate its BIP in accordance with all applicable law, including Section 1899(m) of the Social Security Act, the BIP requirements at 42 CFR § 425.304(c), and the public reporting requirements at 42 CFR § 425.308(b)(7).

Yes

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.

SECTION 4 – DESCRIBE YOUR PROPOSED BENEFICIARY INCENTIVE PROGRAM

4. Describe in writing the nature of your ACO's proposed BIP and how, if approved, your ACO will implement its BIP. The description must include the following:
 - a. The value of each incentive payment that the ACO would issue for each qualifying service (up to \$20 per qualifying service);
 - b. The form of incentive payment (e.g., check, debit card, or specified traceable cash equivalent);
 - c. How the ACO would notify ACO participants and assigned beneficiaries about the BIP;
 - d. How the ACO would distribute incentive payments to beneficiaries (e.g., by mail, electronically);
 - e. When incentive payments would be distributed and by whom;
 - f. How the ACO would track whether a beneficiary is entitled to receive an incentive payment;
 - g. How the ACO would track whether a beneficiary has been furnished an incentive payment; and
 - h. How the ACO would maintain records related to the BIP in accordance with 42 CFR §§ 425.304(c)(4) and 425.314.

Please note that if your proposed BIP is approved, you will be required to implement such a program in the manner described in the approved application. In addition, you will be unable to make a material change to your BIP as described in the approved application unless the material change has been approved by CMS under 42 CFR § 425.304(c)(2)(iii).

SECTION 5 – DESCRIBE YOUR COMPLIANCE PLAN

5. Describe whether and how your ACO will update the compliance plan maintained in accordance with 42 CFR § 425.300 to reflect regulatory compliance obligations under 42 CFR § 425.304 for BIPs. If the ACO's compliance plan will not be updated at this time, specify why not.

SECTION 6 – CERTIFY YOUR APPLICATION

*CMS will not process your application if you do not complete this certification in [ACO-MS](#). This page will appear at the end of your application. You certify your application when you select "I agree."

I have read the contents of this application. I certify that I am legally authorized to execute this document on behalf of the ACO. By submitting this application, I certify 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 in this application is not true, accurate, or complete, I agree to notify CMS of this fact immediately and to provide the relevant, complete, and corrected information.

I agree