

# Repayment Mechanism Arrangements Guidance

## Appendix D: Repayment Mechanism Documentation Cover Sheet

CMS recommends Accountable Care Organizations (ACOs) and financial institutions include a cover sheet if sending original repayment mechanism documentation to CMS.

Instructions:

- Complete fields marked in bracketed and bolded text as instructed.
- Include a printed copy of this cover sheet when delivering original documentation to CMS.

For additional information, review the [Repayment Mechanism Arrangements Guidance](#).

*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.*

A decorative graphic at the bottom of the page consisting of a blue and yellow wavy line that spans the width of the page.

# REPAYMENT MECHANISM DOCUMENTATION COVER SHEET

**From:**

Name: [organization name]

Attn: [address attention line]

Address: [address]

Phone: [phone number]

Email: [email address]

**To:**

Centers for Medicare & Medicaid Services  
Attn: Karen McVeary,  
CM/Performance-Based Payment Policy Group  
7500 Security Boulevard  
Mail Stop: C5-15-12  
Baltimore, MD 21244  
Phone: 410-786-5604  
Email: [sharesavingsprogram@cms.hhs.gov](mailto:sharesavingsprogram@cms.hhs.gov)

## ACO Legal Entity Information

ACO ID # (A+4 digits): [A#####]

ACO Legal Entity Name: [ACO Legal Entity name]

## Repayment Mechanism Documentation Type

- New Repayment Mechanism
- Revise Existing Repayment Mechanism

**Reason For Revision To Existing Repayment Mechanism** (Select all that apply)

- ACO Legal Entity Name Change
- Change in Financial Institution
- Update to Repayment Mechanism Amount
- Correction to Documentation
- Other (describe): [describe reason for revision if none of the above designations were selected]
- Electronic Version Previously Submitted

**Comments:** [If applicable, specify additional information about documentation]