
42 C.F.R. § 425.20

Definitions.

As used in this part, unless otherwise indicated—

Accountable care organization (ACO) means a legal entity that is recognized and authorized under applicable State, Federal, or Tribal law, is identified by a Taxpayer Identification Number (TIN), and is formed by one or more ACO participants(s) that is(are) defined at § 425.102(a) and may also include any other ACO participants described at § 425.102(b).

ACO participant means an entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under § 425.118.

ACO participant agreement means the written agreement (as required at § 425.116) between the ACO and ACO participant in which the ACO participant agrees to participate in, and comply with, the requirements of the Shared Savings Program.

ACO professional means an individual who is Medicare-enrolled and bills for items and services furnished to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant in accordance with applicable Medicare regulations and who is either of the following:

- (1) A physician legally authorized to practice medicine and surgery by the State in which he or she performs such function or action.
- (2) A practitioner who is one of the following:
 - (i) A physician assistant (as defined at § 410.74(a)(2) of this chapter).
 - (ii) A nurse practitioner (as defined at § 410.75(b) of this chapter).
 - (iii) A clinical nurse specialist (as defined at § 410.76(b) of this chapter).

ACO provider/supplier means an individual or entity that meets all of the following:

- (1) Is a—
 - (i) Provider (as defined at § 400.202 of this chapter); or
 - (ii) Supplier (as defined at § 400.202 of this chapter).
- (2) Is enrolled in Medicare.
- (3) Bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant in accordance with

applicable Medicare regulations.

(4) Is included on the list of ACO providers/suppliers that is required under § 425.118.

ACO's regional service area means all counties where one or more beneficiaries assigned to the ACO reside.

Agreement period means the term of the participation agreement.

Antitrust Agency means the Department of Justice or Federal Trade Commission.

Assignable beneficiary means a Medicare fee-for-service beneficiary who receives at least one primary care service with a date of service during a specified 12-month assignment window from a Medicare-enrolled physician who is a primary care physician or who has one of the specialty designations included in § 425.402(c). For performance year 2025 and subsequent performance years, a Medicare fee-for-service beneficiary who does not meet this requirement but who meets both of the following criteria will also be considered an assignable beneficiary—

(1) Receives at least one primary care service with a date of service during a specified 24-month expanded window for assignment from a Medicare-enrolled physician who is a primary care physician or who has one of the specialty designations included in § 425.402(c).

(2) Receives at least one primary care service with a date of service during a specified 12-month assignment window from a Medicare-enrolled practitioner who is one of the following:

(i) A physician assistant (as defined at § 410.74(a)(2) of this chapter).

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)